

Changes to MeridianComplete (Medicare-Medicaid Plan)'s List of Covered Drugs (Formulary)

The table below outlines changes to our List of Covered Drugs (Formulary) that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AVITA CRE 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN CREAM 0.025%	Tier 1	11/01/2023
AVITA GEL 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN GEL 0.025%	Tier 1	07/01/2023
BYDUREON BC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
BYETTA INJ 10 MCG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
CALCITRIOL INJ 1 MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CALCITRIOL SOL 1 MCG/ML	Tier 1	07/01/2023
CAZANT PAK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VELIVET PAK	Tier 1	01/01/2023
CEFACLOR SUS 125 MG / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250 MG / 5 ML	Tier 1	12/01/2023
CEFACLOR SUS 375 MG / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250 MG / 5 ML	Tier 1	12/01/2023
CEFTAZIDIME D5W IV SOL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 1	12/01/2023
DALIRESP TAB	Deletion Of Drug From Formulary	Generic Available	ROFLUMILAST TAB	Tier 1	05/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
DIGOX TAB 0.125 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.125 MG	Tier 1	01/01/2023
DIGOX TAB 0.25 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.25 MG	Tier 1	01/01/2023
ELLA TAB 30 MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		04/01/2023
ESBRIET CAP 267 MG	Deletion Of Drug From Formulary	Generic Available	PIRFENIDONE CAP 267 MG	Tier 2	05/01/2023
FREAMINE III INJ 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TROPHAMINE INJ 10%, TRAVASOL INJ 10%	Tier 2	10/01/2023
GILENYA CAP 0.5 MG	Deletion Of Drug From Formulary	Generic Available	FINGOLIMOD CAP 0.5 MG	Tier 2	05/01/2023
HETLIOZ CAP 20 MG	Deletion Of Drug From Formulary	Generic Available	TASIMELTEON CAP 20 MG	Tier 2	05/01/2023
ISOPTO ATROP SOL 1% OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ATROPINE SULFATE OPHTH SOLN 1%	Tier 1	11/01/2023
KYNMOBI FILM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	APOKYN INJ 10 MG/ML	Tier 2	08/01/2023
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AVIANE TAB	Tier 1	02/01/2023
LEVO-T TAB	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	LEVOTHYROXINE SODIUM TAB	Tier 1	08/01/2023
LIDOCAINE HCL GEL 2%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GLYDO GEL 2%	Tier 1	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
LILLOW TAB 0.15-30 MG-MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.15-30 MG-MCG	Tier 1	12/01/2023
MYORISAN CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLARAVIS CAP	Tier 1	07/01/2023
NEVIRAPINE TAB 100 MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB 400 MG ER	Tier 1	11/01/2023
NORVIR SOLN 80 MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORVIR PACKET 100 MG	Tier 2	04/01/2023
OXANDROLONE TAB 10 MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		11/01/2023
OXANDROLONE TAB 2.5 MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		11/01/2023
OZEMPIC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
PASER PACKETS 4 GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		03/01/2023
PRENATAL VIT TAB LOW IRON	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1 MG	Tier 2	03/01/2023
PROCALAMINE INJ 3%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINIMIX INJ 4.25/D5W	Tier 2	08/01/2023
PROCTO-PAK CRE 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE PERIANAL CREAM 1%	Tier 1	09/01/2023
ROSADAN CREAM 0.75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METRONIDAZOLE CREAM 0.75%	Tier 1	03/01/2023
RYBELSUS TAB	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
STAVUDINE CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 1	10/01/2023
SYNERCID INJ 500 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2023
TOPOSAR INJ 100 / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 20 MG/ML	Tier 1	09/01/2023
TOPOSAR INJ 1 GM / 50 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 1 GM / 50 ML	Tier 1	09/01/2023
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1 MG; M-NATAL PLUS TAB	Tier 2	12/01/2023
TRULICITY INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
VICTOZA INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023

*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

**If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year.

MeridianComplete (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

Multi-Language Insert Multi-Language Interpreter Services

ATENCIÓN: Si habla Español, disponemos de servicios de asistencia lingüística sin costo alguno para usted. Llame al 1-855-323-4578 (TTY: 711), de lunes a viernes, de 8 a.m. a 8 p.m. Durante los fines de semana y en feriados estatales o federales, es posible que se le solicite dejar un mensaje. Se le devolverá la llamada al siguiente día hábil. La llamada es gratuita.

注意: 如果您說中文，您可以免費獲得語言協助服務。請致電 1-855-323-4578 (TTY: 711)，週一至週五，早上 8 點至晚上 8 點。非服務時間和州聯邦假日會由留言系統接聽。我們將在下一個工作日內回電給您。此為免付費專線。

PAALALA: Kung nagsasalita ka ng Tagalog, may mga available na librang tulong sa wika para sa iyo. Tumawag sa 1-855-323-4578 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Tuwing Sabado at Linggo at mga pang-estado at pederal na holiday, posibleng hilingin sa iyo na mag-iwan ng mensahe. Tatawagan ka sa susunod na araw ng negosyo. Libre ang tawag.

ATTENTION : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le 1-855-323-4578 (TTY : 711) du lundi au vendredi, de 8 h à 20 h, pour en bénéficier. Durant le week-end et les jours fériés fédéraux, il vous sera peut-être demandé de laisser un message. Vous serez rappelé le jour ouvrable suivant. L'appel est gratuit.

CHÚ Ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Gọi đến số 1-855-323-4578 (TTY: 711), thứ Hai đến thứ Sáu, 8 a.m. đến 8 p.m. Vào ngày cuối tuần và ngày nghỉ lễ theo liên bang, quý vị có thể cần để lại tin nhắn. Chúng tôi sẽ gọi lại cho quý vị trong ngày làm việc kế tiếp. Cuộc gọi này miễn phí.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsleistungen zur Verfügung. Rufen Sie 1-855-323-4578 (TTY: 711) an, Montag bis Freitag, 8:00 bis 20:00 Uhr. An Wochenenden und bundesweiten Feiertagen werden Sie möglicherweise gebeten, eine Nachricht zu hinterlassen. Sie werden am nächsten Werktag zurückgerufen. Der Anruf ist kostenlos.

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 월요일~금요일에는 오전 8시~오후 8시에 1-855-323-4578(TTY: 711)번으로 연락해 주십시오. 주말 및 주, 연방 공휴일에는 메시지를 남기셔야 할 수 있습니다. 그러면 다음 영업일에 전화드리겠습니다. 통화는 무료입니다.

ВНИМАНИЕ: если вы говорите на русском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру 1-855-323-4578 (TTY: 711) с 8 а.м. до 8 р.м. с понедельника по пятницу. В выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Звонок бесплатный.

انتباه: إذا كنت تتحدث اللغة العربية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم 1-855-323-4578 (TTY: 711) ، من الاثنين إلى الجمعة، من الساعة 8 صباحًا لغاية الساعة 8 مساءً. وفي عطلات نهاية الأسبوع والإجازات الفيدرالية في الولاية، قد يُطلب منك ترك رسالة وسنعاود الاتصال بك خلال يوم العمل التالي. وهذا الاتصال مجاني.

ATTENZIONE: se parla italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Chiami il numero 1-855-323-4578 (TTY: 711), dal lunedì al venerdì, dalle 8:00 alle 20:00. Nei fine settimana e durante le festività federali è possibile che le venga chiesto di lasciare un messaggio. La sua chiamata sarà gestita entro il giorno lavorativo successivo. La chiamata è gratuita.

ATENÇÃO: se falar português, estão disponíveis serviços de assistência gratuitos no seu idioma. Ligue para o número 1-855-323-4578 (TTY: 711) de segunda-feira a sexta-feira, das 8:00 às 20:00. Se ligar num fim de semana ou num feriado federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. A chamada é gratuita.

ATANSYON: Si ou pale Franse-Kreyòl, sèvis asistans lang disponib gratis pou ou. Rele 1-855-323-4578 (TTY: 711), soti lendi pou rive vandredi, 8è a.m. pou rive 8è p.m. Nan wikenn ak jou konje federal eta a, yo ka mande w pou kite yon mesaj. Y ap retounen w apèl la nan pwochen jou ouvrab la. Apèl la gratis.

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-323-4578 (TTY: 711), od poniedziałku do piątku, od 8 do 20. W weekendy i święta państwowe może być konieczne zostawienie wiadomości. Nasz agent oddzwoni w kolejnym dniu roboczym. Połączenie jest bezpłatne.

ध्यान दें: अगर आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं. सोमवार से शुक्रवार, सुबह 8 बजे से रात 8 बजे तक, 1-855-323-4578 (TTY: 711) पर कॉल करें. वीकेंड और स्टेट फ़ेडरल हॉलिडे पर, आपको एक मैसेज छोड़ने के लिए कहा जा सकता है. अगले कार्य दिवस पर आपको वापस कॉल किया जाएगा. कॉल निःशुल्क है.

注目：日本語を話す場合、言語支援サービスを無料でご利用いただけます。月曜日から金曜日の午前8時から午後8時の間に1-855-323-4578（TTY：711）までお電話ください。週末や祝日に電話をかけると、メッセージを残すか尋ねられる場合があります。次の営業日に折り返しお電話いたします。通話は無料です。

VINI RE: Nëse flisni shqip, ju ofrohen shërbime të asistencës gjuhësore, pa pagesë. Telefononi numrin 1-855-323-4578 (TTY: 711), nga e hëna në të premte, nga ora 8:00 deri në 20:00. Gjatë fundjavave dhe pushimeve zyrtare federale, mund t'ju kërkohet të lini një mesazh. Telefonata juaj do të marrë përgjigje brenda ditës vijuese të punës. Telefonata është pa pagesë.

بمجرد الاتصال بالرقم 1-855-323-4578 (TTY: 711)، ستحصل على خدمات مساعدة لغوية مجانية، دون رسوم. اتصل بالرقم من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا إلى 8:00 مساءً. خلال العطلات الفدرالية، قد يُطلب منك ترك رسالة. سيتم الرد على مكالمتك خلال اليوم التالي. المكالمة مجانية.

নজর দিন: আপনি বাংলা ভাষী হলে আপনার জন্য বিনামূল্যে, ভাষা সহায়তা পরিষেবা রয়েছে। সোমবার থেকে শুক্রবার সকাল ৪টা থেকে রাত্রি ৪টার মধ্যে 1-855-323-4578 (TTY: 711)-এ ফোন করুন। সপ্তাহান্তের দিনগুলি ও প্রদেশের ফেডেরাল ছুটির দিনগুলিতে আপনাকে একটি মেসেজ দিয়ে রাখতে বলা হতে পারে। পর্বতী কাজের দিনে আপনাকে ফোন করা হবে। কলটি বিনামূল্যে।

PAŽNJA: ako govorite srpski ili hrvatski, na raspolaganju su vam besplatne usluge jezičke pomoći. Nazovite 1-855-323-4578 (TTY: 711), od ponedjeljka do petka, od 8 do 20 sati. Vikendom i državnim praznicima od vas se može tražiti da ostavite poruku. Vaš će poziv biti vraćen sljedeći radni dan. Poziv je besplatan.
