

Upcoming Changes to Our Plan's Formulary

Our Plan may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

The table below outlines upcoming changes to our formulary that may impact you.

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|-----------------------|---------------------------------|------------------------------|---------------------------|-------------------------|----------------|
| ADRUCIL INJ 2.5/50ML | Deletion of drug from formulary | Manufacturer discontinuation | FLUOROURACIL INJ 2.5/50ML | Tier 2 | 07/01/2020 |
| ADRUCIL INJ 5/100ML | Deletion of drug from formulary | Manufacturer discontinuation | FLUOROURACIL INJ 5GM/100M | Tier 2 | 11/01/2020 |
| ADRUCIL INJ 500/10ML | Deletion of drug from formulary | Manufacturer discontinuation | FLUOROURACIL INJ 500/10ML | Tier 2 | 07/01/2020 |
| AFINITOR TAB 2.5MG | Deletion of drug from formulary | Generic available | EVEROLIMUS TAB 2.5MG | Tier 5 | 05/01/2020 |
| AFINITOR TAB 5MG | Deletion of drug from formulary | Generic available | EVEROLIMUS TAB 5MG | Tier 5 | 05/01/2020 |
| AFINITOR TAB 7.5MG | Deletion of drug from formulary | Generic available | EVEROLIMUS TAB 7.5MG | Tier 5 | 05/01/2020 |

Core MAPD

Formulary IDs: 20400, 20526 20527

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|----------------------------|---------------------------------|-------------------------------|--|-------------------------|----------------|
| AMINOSYN-PF INJ 10% | Deletion of drug from formulary | Medicare will no longer cover | AMINOSYN II INJ 10% | Tier 4 | 08/01/2020 |
| AUGMENTIN SUS 125/5ML | Deletion of drug from formulary | Medicare will no longer cover | AMOXICILLIN & K CLAVULANATE FOR SUSP 250/5ML | Tier 2 | 04/01/2020 |
| CIPROFLOXACIN SUSP 500MG/5 | Deletion of drug from formulary | Manufacturer discontinuation | CIPROFLOXACIN TAB 500MG | Tier 1 | 03/01/2020 |
| CLARINEX SYP 0.5MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | CETIRIZINE SOL 1MG/ML | Tier 1 | 02/01/2020 |
| COLOCORT ENEMA 100MG | Deletion of drug from formulary | Manufacturer discontinuation | HYDROCORTISONE ENEMA 100 MG/60ML | Tier 2 | 11/01/2020 |
| COUMADIN TAB 10MG | Deletion of drug from formulary | Manufacturer discontinuation | WARFARIN TAB | Tier 1 | 11/01/2020 |
| COUMADIN TAB 1MG | Deletion of drug from formulary | Manufacturer discontinuation | WARFARIN TAB | Tier 1 | 12/01/2020 |
| COUMADIN TAB 2.5MG | Deletion of drug from formulary | Manufacturer discontinuation | WARFARIN TAB | Tier 1 | 11/01/2020 |
| COUMADIN TAB 2MG | Deletion of drug from formulary | Manufacturer discontinuation | WARFARIN TAB | Tier 1 | 11/01/2020 |
| COUMADIN TAB 3MG | Deletion of drug from formulary | Manufacturer discontinuation | WARFARIN TAB | Tier 1 | 11/01/2020 |
| COUMADIN TAB 4MG | Deletion of drug from formulary | Manufacturer discontinuation | WARFARIN TAB | Tier 1 | 11/01/2020 |
| COUMADIN TAB 5MG | Deletion of drug from formulary | Manufacturer discontinuation | WARFARIN TAB | Tier 1 | 11/01/2020 |
| COUMADIN TAB 6MG | Deletion of drug from formulary | Manufacturer discontinuation | WARFARIN TAB | Tier 1 | 11/01/2020 |
| COUMADIN TAB 7.5MG | Deletion of drug from formulary | Manufacturer discontinuation | WARFARIN TAB | Tier 1 | 11/01/2020 |

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|--|---------------------------------|-------------------------------|--|-------------------------|----------------|
| D5W/NACL INJ 0.225% | Deletion of drug from formulary | Manufacturer discontinuation | D5W/NACL INJ 0.2% | Tier 2 | 10/01/2020 |
| D5W/NACL INJ 0.33% | Deletion of drug from formulary | Manufacturer discontinuation | D5W/NACL INJ 0.2% | Tier 2 | 02/01/2020 |
| DAPTOMYCIN SOLN 350MG (brand) | Deletion of drug from formulary | Generic available | DAPTOMYCIN SOLN 350MG | Tier 5 | 01/01/2020 |
| DELYLA TAB 0.1-0.02 | Deletion of drug from formulary | Manufacturer discontinuation | AVIANE TAB | Tier 2 | 02/01/2020 |
| DEPEN TITRA TAB 250MG | Deletion of drug from formulary | Generic available | PENICILLAMIN TAB 250MG | Tier 5 | 05/01/2020 |
| DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Deletion of drug from formulary | Manufacturer discontinuation | APRI TAB | Tier 2 | 10/01/2020 |
| E.E.S. 400 TAB 400MG | Deletion of drug from formulary | Manufacturer discontinuation | ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG | Tier 2 | 09/01/2020 |
| FARYDAK CAP 15MG | Deletion of drug from formulary | Manufacturer discontinuation | FARYDAK CAP 20MG | Tier 5 | 05/01/2020 |
| FASLODEX INJ 250/5ML | Deletion of drug from formulary | Generic available | FULVESTRANT INJ 250 MG/5ML | Tier 5 | 01/01/2020 |
| FIRAZYR INJ 30MG/3ML | Deletion of drug from formulary | Generic available | ICATIBANT INJ 30 MG/3ML | Tier 5 | 01/01/2020 |
| FLURBIPROFEN TAB 50MG | Deletion of drug from formulary | Manufacturer discontinuation | FLURBIPROFEN TAB 100MG | Tier 2 | 05/01/2020 |
| HUMIRA PEDIATRIC INJ CROHNS | Deletion of drug from formulary | Manufacturer discontinuation | HUMIRA KIT 40MG/0.8 ML | Tier 5 | 04/01/2020 |
| IONOSOL-MB INJ D5W | Deletion of drug from formulary | Medicare will no longer cover | NORMOSOL -M INJ /D5W | Tier 4 | 05/01/2020 |
| ISORDIL TAB 40MG | Deletion of drug from formulary | Generic available | ISOSORBIDE DINITRATE TAB 40 MG | Tier 5 | 05/01/2020 |

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| ISOSORBIDE DINITRATE TAB ER 40 MG | Deletion of drug from formulary | Manufacturer discontinuation | ISOSORBIDE DINITRATE TAB | Tier 2 | 03/01/2020 |
| JADENU TAB 360MG | Deletion of drug from formulary | Generic available | DEFERASIROX TAB 360MG | Tier 5 | 05/01/2020 |
| JADENU TAB 90MG | Deletion of drug from formulary | Generic available | DEFERASIROX TAB 90MG | Tier 5 | 05/01/2020 |
| JUXTAPID CAP 40MG | Deletion of drug from formulary | Manufacturer discontinuation | JUXTAPID CAP 20MG | Tier 5 | 12/01/2020 |
| JUXTAPID CAP 60MG | Deletion of drug from formulary | Manufacturer discontinuation | JUXTAPID CAP 20MG | Tier 5 | 12/01/2020 |
| KCL/D5W/NACL INJ .15/.33% | Deletion of drug from formulary | Manufacturer discontinuation | KCL/D5W/NACL INJ .15-.45% | Tier 2 | 02/01/2020 |
| LORCET HD TAB 10-325MG | Deletion of drug from formulary | Manufacturer discontinuation | HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG | Tier3 | 11/01/2020 |
| LORCET PLUS TAB 7.5-325 | Deletion of drug from formulary | Manufacturer discontinuation | HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG | Tier 3 | 11/01/2020 |
| LORCET TAB 5-325MG | Deletion of drug from formulary | Manufacturer discontinuation | HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG | Tier 3 | 11/01/2020 |
| MORGIDOX CAP 1X50MG | Deletion of drug from formulary | Manufacturer discontinuation | DOXYCYCLINE HYCLATE CAP 50 MG | Tier 2 | 02/01/2020 |
| MOXEZA SOLN 0.5% | Deletion of drug from formulary | Generic available | MOXIFLOXACIN HCL OPHTH SOLN 0.5% | Tier 2 | 03/01/2020 |
| NEBUPENT INH 300MG | Deletion of drug from formulary | Generic available | PENTAMIDINE INH 300MG | Tier 2 | 05/01/2020 |
| NORLYROC TAB 0.35MG | Deletion of drug from formulary | Manufacturer discontinuation | CAMILA TAB 0.35MG | Tier 2 | 02/01/2020 |
| NORMOSOL -R INJ /D5W | Deletion of drug from formulary | Medicare will no longer cover | ISOLYTE-S INJ | Tier 4 | 10/01/2020 |

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| NORMOSOL-R INJ PH 7.4 | Deletion of drug from formulary | Medicare will no longer cover | ISOLYTE-S INJ | Tier 4 | 11/01/2020 |
| NOXAFIL TAB 100MG | Deletion of drug from formulary | Generic available | POSACONAZOLE TAB 100MG DR | Tier 5 | 05/01/2020 |
| NUVARING | Deletion of drug from formulary | Generic available | ELURYNG MIS | Tier 2 | 05/01/2020 |
| ONE VITE TAB 1MG PLUS | Deletion of drug from formulary | Medicare will no longer cover | PRENATAL TAB 27-1MG | Tier 3 | 11/01/2020 |
| PENTAM 300 INJ 300MG | Deletion of drug from formulary | Generic available | PENTAMIDINE ISETHIONATE FOR SOLN 300 MG | Tier 2 | 05/01/2020 |
| POTASSIUM CHLORIDE/D5W INJ 40MEQ/L | Deletion of drug from formulary | Manufacturer discontinuation | POTASSIUM CHLORIDE/D5W INJ 20MEQ/L | Tier 2 | 09/01/2020 |
| RANITIDINE INJ | Deletion of drug from formulary | Market removal | FAMOTIDINE INJ | Tier 2 | 06/01/2020 |
| RANITIDINE SYP 75MG/5ML | Deletion of drug from formulary | Market removal | FAMOTIDINE SUS 40MG/5ML | Tier 2 | 06/01/2020 |
| RANITIDINE TAB | Deletion of drug from formulary | Market removal | FAMOTIDINE TAB | Tier 1 | 06/01/2020 |
| REBETOL SOLN 40MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN TAB 200MG | Tier 2 | 02/01/2020 |
| RESCRIPTOR TAB 200MG | Deletion of drug from formulary | Manufacturer discontinuation | EFAVIRENZ TAB 600MG | Tier 5 | 06/01/2020 |
| RIBASPHERE CAP 200MG | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN CAP 200MG | Tier 2 | 02/01/2020 |
| RIBASPHERE TAB 200MG | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN TAB 200MG | Tier 2 | 02/01/2020 |
| RIBASPHERE TAB 600MG | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN CAP 200MG | Tier 2 | 02/01/2020 |

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| RIFATER TAB | Deletion of drug from formulary | Manufacturer discontinuation | ISONIAZID TAB | Tier 1 | 09/01/2020 |
| SYLATRON KIT 600MCG | Deletion of drug from formulary | Manufacturer discontinuation | SYLATRON KIT 300MCG | Tier 5 | 04/01/2020 |
| TACLONEX SUS | Deletion of drug from formulary | Generic available | CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064% | Tier 5 | 05/01/2020 |
| THEOPHYLLINE TAB 100MG CR | Deletion of drug from formulary | Manufacturer discontinuation | THEOPHYLLINE TAB 400MG ER | Tier 2 | 01/01/2020 |
| THEOPHYLLINE TAB 200MG CR | Deletion of drug from formulary | Manufacturer discontinuation | THEOPHYLLINE TAB 400MG ER | Tier 2 | 01/01/2020 |
| VIDEX EC CAP 125MG | Deletion of drug from formulary | Manufacturer discontinuation | DIDANOSINE CAP 250MG | Tier 2 | 07/01/2020 |
| VIDEX SOL 2GM | Deletion of drug from formulary | Manufacturer discontinuation | DIDANOSINE CAP 200MG | Tier 2 | 07/01/2020 |
| VIDEX SOLN 4GM | Deletion of drug from formulary | Manufacturer discontinuation | DIDANOSINE CAP 200MG | Tier 2 | 01/01/2020 |
| ZYKADIA CAP 150MG | Deletion of drug from formulary | Manufacturer discontinuation | ZYKADIA TAB 150MG | Tier 5 | 02/01/2020 |
| ZYPITAMAG TAB 1MG | Deletion of drug from formulary | Manufacturer discontinuation | LIVALO TAB 1MG | Tier 4 | 12/01/2020 |

*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your physician can determine if one of the alternatives listed here is appropriate for you given the individualized nature of drug therapy. Please consult your physician to confirm if this is an appropriate drug for you.

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