



## Highmark Wholecare Medicare Assured Formulary Changes

Current as of: 5/1/2024

Please be aware that Highmark Wholecare Medicare Assured may need to change its current list of approved drugs (drug formulary) from time to time. Highmark Wholecare may add, revise or remove a drug, move a drug to a different cost-sharing tier, add specific rules for use, place quantity limits, require prior drug therapies, and/or apply other special criteria for use. When a change is made, Highmark Wholecare will notify members who take the drug at least 30 days prior to the effective date of change. However, please note that immediate removal of a drug from our Drug List may be required if the Food and Drug Administration (FDA) decides a drug is unsafe or if a manufacturer removes a drug from the market for any reason. Highmark Wholecare will also provide notice to members who are taking the drug in these instances. For **new generic drugs**, we 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. Also, 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. If you are currently taking that brand name drug, 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. The complete drug formulary can be viewed at any time on our website at <https://highmarkwholecare.com/Medicare/Member-Tools/Medication-Benefits/Formulary-Medication>. The following changes are being provided for your information:

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
1/1/2024	EnilloRing 0.12-0.015MG/24 HR Vaginal Ring	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Glipizide 2.5MG Tablet	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Kalydeco 5.8MG Packet	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Kourzeq 0.1% Oral Paste	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Lagevrio 200MG Capsule	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Paxlovid 150-100MG Tablet	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Paxlovid 300-100MG Tablet	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Trintene 500MG Capsule	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Turgoz 0.3MG-30MCG Tablet	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Zurzuvae 20MG Capsule	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Zurzuvae 25MG Capsule	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Zurzuvae 30MG Capsule	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Adalimumab-aacf Auto-Injector Kit 40 MG/0.8ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Aldurazyme Solution 2.9 MG/5ML Intravenous	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 25 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 50 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 75 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 100 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 150 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Augtyro Capsule 40 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Botox Solution Reconstituted 100 UNIT Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Botox Solution Reconstituted 200 UNIT Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Breyna Aerosol 80-4.5 MCG/ACT Inhalation	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Breyna Aerosol 160-4.5 MCG/ACT Inhalation	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Cabenuva Suspension Extended Release 400 & 600 MG/2ML Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Cabenuva Suspension Extended Release 600 & 900 MG/3ML Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Ciprodex Suspension 0.3-0.1 % Otic	Formulary Deletion	Formulary Reference File Deletion	Ciprofloxacin-Dexamthasone Susp 0.3-0.1% Otic	Tier 3
2/1/2024	Ciprofloxacin HCl Tablet 100 MG Oral	Formulary Deletion	Formulary Reference File Deletion	Ciprofloxacin Tablet 250mg Oral	Tier 1
2/1/2024	Cleocin Phosphate Solution 300 MG/2ML Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Cleocin Phosphate Solution 600 MG/4ML Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Cleocin Phosphate Solution 900 MG/6ML Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Clindamycin Phosphate Solution 300 MG/2ML Injection	Formulary Deletion	Formulary Reference File Deletion	Cleocin Phosphate Solution 300 MG/2ML Injection	Tier 2
2/1/2024	Clobazam Suspension 2.5 MG/ML Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Clobazam Tablet 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Clobazam Tablet 20 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Compro Suppository 25 MG Rectal	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 25 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 50 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 75 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 100 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 150 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Concentrate 10 MG/ML Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
2/1/2024	Doxepin HCl Tablet 3 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Tablet 6 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Dysport Solution Reconstituted 300 UNIT Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Dysport Solution Reconstituted 500 UNIT Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Elaprase Solution 6 MG/3ML Intravenous	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Evrysdi Solution Reconstituted 0.75 MG/ML Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Flovent Diskus 50 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate Diskus 50 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent Diskus 100 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate Diskus 100 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent Diskus 250 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate Diskus 250 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent HFA Aerosol 44 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate HFA Aerosol 44 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent HFA Aerosol 110 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate HFA Aerosol 110 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent HFA Aerosol 220 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate HFA Aerosol 220 MCG/ACT Inhalation	Tier 2
2/1/2024	Fluticasone Propionate Diskus 50 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate Diskus 100 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate Diskus 250 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate HFA Aerosol 44 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate HFA Aerosol 110 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate HFA Aerosol 220 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fruzaqla Capsule 1 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Fruzaqla Capsule 5 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Idacio (2 Pen) Auto-Injector Kit 40 MG/0.8ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Idacio (2 Syringe) Prefilled Syringe Kit 40 MG/0.8ML SQ	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Idacio-Crohns/UC Starter Auto-Injector Kit 40 MG/0.8ML SQ	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Idacio-Psoriasis Starter Auto-Injector Kit 40 MG/0.8ML SQ	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Naglazyme Solution 1 MG/ML Intravenous	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Ogsiveo Tablet 50 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Opvee Solution 2.7 MG/0.1ML Nasal	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Pazopanib HCl Tablet 200 MG Oral	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Prochlorperazine Maleate Tablet 5 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Prochlorperazine Maleate Tablet 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Prochlorperazine Suppository 25 MG Rectal	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 50 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 150 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 200 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 300 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 400 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 25 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 50 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 100 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 150 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 200 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 300 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 400 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Rozlytrek Packet 50 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Sympazan Film 5 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Sympazan Film 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Sympazan Film 20 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Trientine HCl Capsule 500 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Truqap Tablet 160 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Truqap Tablet 200 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Votrient Tablet 200 MG Oral	Formulary Deletion	Generic Available	Pazopanib HCl Tablet 200 MG Oral	Tier 5
2/1/2024	Xalkori Capsule Sprinkle 20 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Xalkori Capsule Sprinkle 50 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Xalkori Capsule Sprinkle 150 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2024	Condylox Gel 0.5 %	Formulary Deletion	Generic Available	Podofilox Gel 0.5%	Tier 4
3/1/2024	Iwifin Tablet 192 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
3/1/2024	Podofilox Gel 0.5 % External	Formulary Addition	Generic Available	N/A	Tier 4
3/1/2024	Zenpep Capsule DR Particles 60000-189600 UNIT Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
4/1/2024	Bosulif Capsule 100 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Bosulif Capsule 50 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Paromomycin Sulfate Capsule 250 MG Oral	Formulary Deletion	No Longer Available	N/A	N/A
4/1/2024	Penbraya Suspension Reconstituted Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Risperdal Consta Susp Reconstituted ER 12.5 MG IM	Formulary Deletion	Generic Available	Risperidone ER Suspension Reconstituted ER 12.5 MG IM	Tier 3
4/1/2024	Risperdal Consta Susp Reconstituted ER 25 MG IM	Formulary Deletion	Generic Available	Risperidone ER Suspension Reconstituted ER 25 MG IM	Tier 3
4/1/2024	Risperdal Consta Susp Reconstituted ER 37.5 MG IM	Formulary Deletion	Generic Available	Risperidone ER Suspension Reconstituted ER 37.5 MG IM	Tier 5
4/1/2024	Risperdal Consta Susp Reconstituted ER 50 MG IM	Formulary Deletion	Generic Available	Risperidone ER Suspension Reconstituted ER 50 MG IM	Tier 5
4/1/2024	Risperidone ER Suspension Reconstituted ER 12.5 MG IM	Formulary Addition	Generic Available	N/A	N/A
4/1/2024	Risperidone ER Suspension Reconstituted ER 25 MG IM	Formulary Addition	Generic Available	N/A	N/A
4/1/2024	Risperidone ER Suspension Reconstituted ER 37.5 MG IM	Formulary Addition	Generic Available	N/A	N/A
4/1/2024	Risperidone ER Suspension Reconstituted ER 50 MG IM	Formulary Addition	Generic Available	N/A	N/A
4/1/2024	Xolair Solution Auto-Injector 150 MG/ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Xolair Solution Auto-Injector 300 MG/2ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Xolair Solution Auto-Injector 75 MG/0.5ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Xolair Solution Prefilled Syringe 300 MG/2ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2024	Ixchiq Solution Reconstituted Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2024	Korlym Tablet 300MG Oral	Formulary Deletion	Generic Available	Mifepristone Tablet 300MG Oral	Tier 5
5/1/2024	Mifepristone Tablet 300MG Oral	Formulary Addition	Generic Available	N/A	N/A
5/1/2024	Natpara Cartridge 25 MCG Subcutaneous	Formulary Deletion	No Longer Available	N/A	N/A
5/1/2024	Natpara Cartridge 50 MCG Subcutaneous	Formulary Deletion	No Longer Available	N/A	N/A
5/1/2024	Natpara Cartridge 75 MCG Subcutaneous	Formulary Deletion	No Longer Available	N/A	N/A
5/1/2024	Natpara Cartridge 100 MCG Subcutaneous	Formulary Deletion	No Longer Available	N/A	N/A