

Upcoming Changes on

Stanford Advantage Formulary 2020 Drug List

[Medicare Advantage - Part D]

The Stanford Advantage (SA) Medicare Health Plan would like to provide you information on Future Formulary drug changes. Stanford Advantage may add or remove drugs from its Formulary drug list during the year or add rules about whether, or when, certain drugs are covered.

If SA removes a covered drug or makes any changes to the drug list, we will post the changes here on our website and notify the affected members at least sixty (60) calendar days prior to the effective date of the change with a letter. Letters that impacted members will receive will further have information on what you or your Doctor can decide to do, as we will make sure to notify your Doctor as well, 60 days prior to the effective date of the medication being removed from the formulary.

The chart below contains upcoming changes to the Stanford Advantage Formulary Drug list:

<u>Effective Date:</u>	<u>Drug Name:</u>	<u>Type of Change:</u>	<u>Reason for Change:</u>	<u>Alternate Drug (s):</u>
10/1/2020	ORFADIN 5 MG ORAL CAPSULE	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	NITISINONE 5 MG ORAL CAPSULE- Tier 5
10/1/2020	GEODON FNL 20MG/1 INTRAMUSC. VIAL	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	ZIPRASIDONE MESYLATE FNL 20MG/1 INTRAMUSC. VIAL- Tier 2
10/1/2020	JADENU 180 MG ORAL TABLET	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	DEFERASIROX 180 MG ORAL TABLET- Tier 5
10/1/2020	ORFADIN 10 MG ORAL CAPSULE	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	NITISINONE 10 MG ORAL CAPSULE- Tier 5
10/1/2020	ORFADIN 2 MG ORAL CAPSULE	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	NITISINONE 2 MG ORAL CAPSULE- Tier 5
10/1/2020	PRILOVIXIL 2.5 %-2.5% TOPICAL KIT	Deletion of Drug from Formulary	Removal of drug from Formulary due to it no longer being classified under Part D Benefit by CMS.	N/A



6/1/2020	PENTAM 300 MG INJECTION VIAL	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	PENTAMIDINE ISETHIONATE 300 MG INJECTION VIAL- Tier 2
6/1/2020	DEPEN 250 MG ORAL TABLET	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	PENICILLAMINE 250 MG ORAL TABLET- Tier 5