

Upcoming Changes on

## Stanford Advantage Formulary 2019 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>
5/1/2019	<b>INVANZ 1 G INJECTION VIAL</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	<b>ERTAPENEM 1 G INJECTION VIAL- Tier 2</b>
5/1/2019	<b>ONFI 20 MG ORAL TABLET</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	<b>CLOBAZAM 20 MG ORAL TABLET- Tier 2</b>
5/1/2019	<b>ONFI 2.5 MG/ML ORAL ORAL SUSP</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	<b>CLOBAZAM 2.5 MG/ML ORAL ORAL SUSP- Tier 2</b>
5/1/2019	<b>ONFI 10 MG ORAL TABLET</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	<b>CLOBAZAM 10 MG ORAL TABLET- Tier 2</b>
5/1/2019	<b>ANDROGEL 2.5G-1.62% TRANSDERM. GEL PACKET</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	<b>TESTOSTERONE 2.5G-1.62% TRANSDERM. GEL PACKET- Tier 2</b>
5/1/2019	<b>ANDROGEL 20.25/1.25 TRANSDERM. GEL MD PMP</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	<b>TESTOSTERONE 20.25/1.25 TRANSDERM. GEL MD PMP- Tier 2</b>
5/1/2019	<b>ANDROGEL 1.25G-1.62 TRANSDERM. GEL PACKET</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	<b>TESTOSTERONE 1.25G-1.62 TRANSDERM. GEL PACKET- Tier 2</b>

<u>Effective Date:</u>	<u>Drug Name:</u>	<u>Type of Change:</u>	<u>Reason for Change:</u>	<u>Alternate Drug (s):</u>
5/1/2019	<b>ALBENZA 200 MG ORAL TABLET</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent.	<b>ALBENDAZOLE 200 MG ORAL TABLET- Tier 5</b>
5/1/2019	<b>AMPYRA 10 MG ORAL TAB ER 12H</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of new generic equivalent.	<b>DALFAMPRIDINE ER 10 MG ORAL TAB ER 12H- Tier 5</b>
5/1/2019	<b>ADCIRCA 20 MG ORAL TABLET</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent.	<b>TADALAFIL 20 MG ORAL TABLET- Tier 5</b>
6/1/2019	<b>RAPAMUNE 1 MG/ML ORAL SOLUTION</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent.	<b>SIROLIMUS 1 MG/ML ORAL SOLUTION- Tier 5</b>
6/1/2019	<b>FARESTON 60 MG ORAL TABLET</b>	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent.	<b>TOREMIFENE CITRATE 60 MG ORAL TABLET- Tier 5</b>