

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



| <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 | ALBENZA 200 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | ALBENDAZOLE 200 MG ORAL TABLET- Tier 5 |
| 5/1/2019 | AMPYRA 10 MG ORAL TAB ER 12H | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of new generic equivalent. | DALFAMPRIDINE ER 10 MG ORAL TAB ER 12H- Tier 5 |
| 5/1/2019 | ADCIRCA 20 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | TADALAFIL 20 MG ORAL TABLET- Tier 5 |
| 6/1/2019 | RAPAMUNE 1 MG/ML ORAL SOLUTION | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | SIROLIMUS 1 MG/ML ORAL SOLUTION – Tier 5 |
| 6/1/2019 | FARESTON 60 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | TOREMIFENE CITRATE 60 MG ORAL TABLET- Tier 5 |
| 7/1/2019 | ADCIRCA 20 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | TADALAFIL 20 MG ORAL TABLET - Tier 5 |
| 7/1/2019 | SUBOXONE 2 MG – 0.5 MG SUBLINGUAL FILM | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | BUPRENORPHINE-NALOXONE 2 mg – 0.5 mg SUBLINGUAL FILM - Tier 2 |
| 7/1/2019 | SUBOXONE 4 MG – 1 MG SUBLINGUAL FILM | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | BUPRENORPHINE-NALOXONE 4 mg – 1 mg SUBLINGUAL FILM - Tier 2 |
| 7/1/2019 | SUBOXONE 8 MG – 2 MG SUBLINGUAL FILM | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | BUPRENORPHINE-NALOXONE 8 mg – 2mg SUBLINGUAL FILM - Tier 2 |
| 7/1/2019 | SUBOXONE 12 MG – 3 MG SUBLINGUAL FILM | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | BUPRENORPHINE-NALOXONE 12 mg – 3 mg SUBLINGUAL FILM - Tier 2 |
| 7/1/2019 | RENAGEL 400 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | SEVELAMER HCL 400 mg ORAL TABLET - Tier 2 |



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| 7/1/2019 | RENAGEL 800 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | SEVELAMER HCL 800 mg ORAL TABLET - Tier 2 |
| 7/1/2019 | RENEXA 500mg ORAL TABLET ER 12H | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | RANOLAZINE ER 500mg ORAL TABLET ER 12H - Tier 2 |
| 7/1/2019 | RENEXA 1000mg ORAL TABLET ER 12H | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | RANOLAZINE ER 1000mg ORAL TABLET ER 12H - Tier 2 |
| 7/1/2019 | FLECTOR 1.3 % TRANSDERM. PATCH TD12 | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | DICLOFENAC EPOLAMINE 1.3 % TRANSDERM. PATCH TD12 - Tier 2 |
| 7/1/2019 | TEKURNA 150 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | ALISKIREN 150 MG ORAL TABLET - Tier 2 |
| 7/1/2019 | TEKURNA 300 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | ALISKIREN 300 MG ORAL TABLET - Tier 2 |
| 7/1/2019 | MESTINON 60 MG/5 ML ORAL SYRUP | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | PYRIDOSTIGMINE BROMIDE 60 MG/5 ML ORAL SYRUP - Tier 2 |
| 7/1/2019 | REMODULIN 1 MG/ML INJECTION VIAL | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | TREPROSTINIL 1 MG/ML INJECTION VIAL - Tier 5 |
| 7/1/2019 | REMODULIN 2.5 MG/ML INJECTION VIAL | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | TREPROSTINIL 2.5 MG/ML INJECTION VIAL - Tier 5 |
| 7/1/2019 | REMODULIN 5 MG/ML INJECTION VIAL | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | TREPROSTINIL 5 MG/ML INJECTION VIAL - Tier 5 |
| 7/1/2019 | REMODULIN 10 MG/ML INJECTION VIAL | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | TREPROSTINIL 10 MG/ML INJECTION VIAL - Tier 5 |
| 7/1/2019 | SABRIL 500 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition | VIGABATRIN 500 MG ORAL TABLET - Tier 5 |



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| | | | of <i>newly approved</i> generic equivalent. | |
| 7/1/2019 | SENSIPAR 30 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | CINACALCET HCL 30 MG ORAL TABLET - Tier 5 |
| 7/1/2019 | SENSIPAR 60 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | CINACALCET HCL 60 MG ORAL TABLET - Tier 5 |
| 7/1/2019 | SENSIPAR 90 MG ORAL TABLET | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | CINACALCET HCL 90 MG ORAL TABLET - Tier 5 |
| 7/1/2019 | LARTRUVO 500MG / 50ML INTRAVEN. VIAL | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to a new FDA Warning. | |
| 7/1/2019 | LARTRUVO 190MG / 19ML INTRAVEN. VIAL | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to a new FDA Warning. | |
| 8/1/2019 | ELIDEL 1 % TOPICAL CREAM (G) | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | PIMECROLIMUS 1 % TOPICAL CREAM (G) – Tier 2 |
| 8/1/2019 | CANASA 1000 MG RECTAL SUPP. RECT | Brand Version removed from Formulary | Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent. | MESALAMINE 1000 MG RECTAL SUPP. RECT– Tier 2 |