

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	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>
	TRANSDERM. GEL PACKET			
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
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	TEKTURNA 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	TEKTURNA 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 of <i>newly approved</i> generic equivalent.	VIGABATRIN 500 MG ORAL TABLET - Tier 5
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
10/1/2019	VOLTAREN 1 % TOPICAL GEL (GRAM)	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent.	DICLOFENAC SODIUM 1% TOPICAL GEL (GRAM) – Tier 2
10/1/2019	WELCHOL 625 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.	COLESEVELAM HCL 625 MG ORAL TABLET – Tier 2
10/1/2019	LETAIRIS 5 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.	AMBRISENTAN 5 MG ORAL TABLET – Tier 5



10/1/2019	LETAIRIS 10 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.	AMBRISENTAN 10 MG ORAL TABLET – Tier 5
10/1/2019	TARCEVA 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.	ERLOTINIB HCL 150 MG ORAL TABLET – Tier 5
10/1/2019	TRANSDERM-SCOP 1 MG/3 DAY TRANSDERM. PATCH TD 3	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent.	SCOPOLAMINE 1 MG/3 DAY TRANSDERM. PATCH TD 3 – Tier 2
10/1/2019	DELZICOL 400 MG ORAL CAP(DRTAB)	Brand Version removed from Formulary	Removal of brand name drug from Formulary due to addition of <i>newly approved</i> generic equivalent.	MESALAMINE DR 400 MG ORAL CAP(DRTAB) – Tier 2
10/1/2019	TARCEVA 25 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.	ERLOTINIB HCL 25 MG ORAL TABLET – Tier 5
10/1/2019	TARCEVA 100 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.	ERLOTINIB HCL 100 MG ORAL TABLET – Tier 5