



A nonprofit independent licensee of the Blue Cross Blue Shield Association

## Upcoming Changes to the Excellus BlueCross BlueShield Medicare Part D Formulary

During the year, Excellus BlueCross BlueShield may make changes to our Drug List, according to Medicare Part D rules. We may add new drugs, remove drugs, and add or remove restrictions on coverage for drugs. We are also allowed to change drugs from one cost-sharing tier to another.

Below are some immediate changes to the Formulary or Drug List which may affect the coverage of drugs you are taking:

- **New Generic Drugs:** We may remove a brand name drug on our Drug List if we are replacing it with a newly approved generic version of the same drug. This newly approved generic drug will be on the same or lower cost sharing tier and have the same or fewer restrictions as the brand name drug. 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 higher cost-sharing tier or add new restrictions.
- **Drugs Removed From the Market:** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.

For all other changes to drugs you take, you will receive notice at least 30 days before any changes take effect.

The table below outlines upcoming changes to our formulary that may impact you:

| Effective Date | Name of Affected Drug       | Description of Change | Reason for Change                       | Alternative Drug(s)*  |
|----------------|-----------------------------|-----------------------|---|---|
| 1/1/2024       | AUBAGIO                     | NF for 2024           | Generic now available                   | TERIFLUNOMIDE - tier 2  |
| 1/1/2024       | COPAXONE 20 MG/ML           | NF for 2024           | More cost-effective option(s) available | GLATIRAMER ACETATE, GLATOPA - tier 5                            |
| 1/1/2024       | DICLOFENAC SODIUM 2% PUMP   | NF for 2024           | More cost-effective option(s) available | DICLOFENAC 1% GEL - tier 2<br>DICLOFENAC 1.5% SOLUTION - tier 2 |
| 1/1/2024       | FLOVENT HFA, FLOVENT DISKUS | NF for 2024           | Drug being discontinued                 | ARNUITY, QVAR - tier 3  |
| 1/1/2024       | GILENYA                     | NF for 2024           | Generic now available                   | FINGOLIMOD HCL - tier 5   |
| 1/1/2024       | LATUDA                      | NF for 2024           | Generic now available                   | LURASIDONE HCL - tier 4   |
| 1/1/2024       | LEDIPASVIR-SOFOSBUVIR       | NF for 2024           | More cost-effective option(s) available | MAVYRET - tier 5  |

|          |                       |             |   |   |
|----------|-----------------------|-------------|---|---|
| 1/1/2024 | MAVENCLAD             | NF for 2024 | More cost-effective option(s) available | TERIFLUNOMIDE - tier 2<br>DIMETHYL FUMARATE, FINGOLIMOD HCL - tier 5                                      |
| 1/1/2024 | MAYZENT               | NF for 2024 | More cost-effective option(s) available | TERIFLUNOMIDE - tier 2<br>DIMETHYL FUMARATE, FINGOLIMOD HCL - tier 5                                      |
| 1/1/2024 | MUPIROCIN 2% CREAM    | NF for 2024 | More cost-effective option(s) available | MUPIROCIN 2% OINTMENT - tier 2  |
| 1/1/2024 | RETIN-A MICRO PUMP    | NF for 2024 | Generic now available                   | TRETINOIN GEL/CREAM - tier 3  |
| 1/1/2024 | SPIRIVA HANDIHALER    | NF for 2024 | Generic now available                   | TIOTROPIUM, INCRUSE ELLIPTA - tier 3  |
| 1/1/2024 | SPIRIVA RESPIMAT      | NF for 2024 | More cost-effective option(s) available | TIOTROPIUM, INCRUSE ELLIPTA - tier 3  |
| 1/1/2024 | STIOLTO RESPIMAT      | NF for 2024 | More cost-effective option(s) available | ANORO ELLIPTA - tier 3  |
| 1/1/2024 | SYMBICORT             | NF for 2024 | Generic now available                   | FLUTICASONE-SALMET, WIXELA INHUB - tier 2<br>BREYNA, BREO ELLIPTA, BUDESONIDE-FORMOTEROL, DULERA - tier 3 |
| 1/1/2024 | TAMIFLU               | NF for 2024 | More cost-effective option(s) available | OSELTAMIVIR PHOSPHATE - tier 2  |
| 1/1/2024 | TRETINOIN MICROSPHERE | NF for 2024 | More cost-effective option(s) available | TRETINOIN GEL/CREAM - tier 3  |
| 1/1/2024 | TYMLOS                | NF for 2024 | More cost-effective option(s) available | TERIPARATIDE - tier 5   |
| 1/1/2024 | VENTAVIS              | NF for 2024 | More cost-effective option(s) available | AMBRISENTAN, BOSENTAN, OPSUMIT, UPTRAVI - tier 5  |
| 1/1/2024 | VIIBRYD               | NF for 2024 | Generic now available                   | VILAZODONE HCL - tier 2   |
| 1/1/2024 | VIMPAT                | NF for 2024 | Generic now available                   | LACOSAMIDE - tier 4   |



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| 1/1/2024 | ZEPOSIA | NF for 2024 | More cost-effective option(s) available | TERIFLUNOMIDE - tier 2<br>DIMETHYL FUMARATE, FINGOLIMOD HCL - tier 5 |
|----------|---------|-------------|---|--|

\*Note: only your physician can determine if the alternate drug(s) listed are appropriate for you given the individualized nature of drug therapy. Please consult with your physician as to whether this is the right drug for you.

**If you have any questions, please contact Excellus BlueCross BlueShield Customer Care at 1-877-883-9577 (TTY/TDD users call 1-800-662-1220), 8:00 a.m. - 8:00 p.m., Monday-Friday. From October 1 to March 31, representatives are also available weekends from 8:00 a.m. - 8:00 p.m.**