



Formulary ID: 18007
ATRIO Special Needs Plan
ATRIO Special Needs Plan (Rogue)
ATRIO Special Needs Plan (Willamette)

ATRIO Health Plans
2018 SNP Plans Formulary Change Notice

ATRIO Health Plans may remove drugs from our formulary (list of covered drugs) or add rules about whether and when certain drugs are covered during the year. The chart below contains upcoming changes to the ATRIO Health Plans formulary. **You may not be taking these drugs now. We provide you with these updates so that you know about future changes to our drug list.** Please see Section 4 of your Monthly Prescription Drug Summary (Member Explanation of Benefits) for specific changes to drugs that you are currently taking.

Effective Date	Drug Name	Reason Description	Alternate Drugs**
There are no formulary changes effective January 1, 2018			
There are no formulary changes effective February 1, 2018			
There are no formulary changes effective March 1, 2018			
There are no formulary changes effective April 1, 2018			
05/01/2018	BUPHENYL 500 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	SODIUM PHENYLBUTYRATE 500 MG TABLET- TIER 5 **
05/01/2018	BUTRANS 7.5 MCG/HR TRANSDERM	Removal of brand name drug from formulary due to addition of new generic equivalent.	BUPRENORPHINE 7.5 MCG/HR PATCH TDWK- TIER 2**
05/01/2018	CANCIDAS 50 MG INTRAVEN	Removal of brand name drug from formulary due to addition of new generic equivalent.	CASPOFUNGIN ACETATE 50 MG VIAL- TIER 5**
05/01/2018	CANCIDAS 70 MG INTRAVEN	Removal of brand name drug from formulary due to addition of new generic equivalent.	CASPOFUNGIN ACETATE 70 MG VIAL- TIER 5**
05/01/2018	COPAXONE 40 MG/ML SUBCUTANE	Removal of brand name drug from formulary due to addition of new generic equivalent.	GLATIRAMER ACETATE 40 MG/ML SYRINGE - TIER 5**
05/01/2018	EFFIENT 10 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	PRASUGREL HCL 10 MG TABLET - TIER 2**

Effective Date	Drug Name	Reason Description	Alternate Drugs**
05/01/2018	EFFIENT 5 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	PRASUGREL HCL 5 MG TABLET - TIER 2**
05/01/2018	ESTRACE 0.01 % VAGINAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ESTRADIOL 0.01 % CREAM/APPL - TIER 2**
05/01/2018	LEXIVA 700 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	FOSAMPRENAVIR CALCIUM 700 MG TABLET - TIER 5**
05/01/2018	RENVELA 800 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	SEVELAMER CARBONATE 800 MG TABLET - TIER 2**
05/01/2018	REYATAZ 150 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ATAZANAVIR SULFATE 150 MG CAPSULE - TIER 5**
05/01/2018	REYATAZ 200 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ATAZANAVIR SULFATE 200 MG CAPSULE - TIER 5**
05/01/2018	REYATAZ 300 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ATAZANAVIR SULFATE 300 MG CAPSULE - TIER 5**
05/01/2018	SABRIL 500 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	VIGABATRIN 500 MG POWD PACK - TIER 5**
05/01/2018	SUSTIVA 200 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	EFAVIRENZ 200 MG CAPSULE - TIER 5**
05/01/2018	SUSTIVA 50 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	EFAVIRENZ 50 MG CAPSULE - TIER 5**
05/01/2018	TRANSDERM-SCOP 1 MG/3 DAY TRANSDERM	Removal of brand name drug from formulary due to addition of new generic equivalent.	SCOPOLAMINE 1 MG/3 DAY PATCH TD 3 - TIER 2 **
05/01/2018	VIGAMOX 0.5 % OPHTHALMIC	Removal of brand name drug from formulary due to addition of new generic equivalent.	MOXIFLOXACIN 0.5 % DROPS - TIER 2**
05/01/2018	VIREAD 300 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	TENOFOVIR DISOPROXIL FUMARATE 300 MG TABLET - TIER 5**
05/01/2018	ZIAGEN 20 MG/ML ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ABACAVIR 20 MG/ML SOLUTION - TIER 2**

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06/01/2018	BUPHENYL 500 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	SODIUM PHENYLBUTYRATE 500 MG TABLET- TIER 5 **
06/01/2018	BUTRANS 7.5 MCG/HR TRANSDERM	Removal of brand name drug from formulary due to addition of new generic equivalent.	BUPRENORPHINE 7.5 MCG/HR PATCH TDWK- TIER 2**
06/01/2018	CANCIDAS 50 MG INTRAVEN	Removal of brand name drug from formulary due to addition of new generic equivalent.	CASPOFUNGIN ACETATE 50 MG VIAL- TIER 5**
06/01/2018	CANCIDAS 70 MG INTRAVEN	Removal of brand name drug from formulary due to addition of new generic equivalent.	CASPOFUNGIN ACETATE 70 MG VIAL- TIER 5**
06/01/2018	COPAXONE 40 MG/ML SUBCUTANE	Removal of brand name drug from formulary due to addition of new generic equivalent.	GLATIRAMER ACETATE 40 MG/ML SYRINGE - TIER 5**
06/01/2018	EFFIENT 10 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	PRASUGREL HCL 10 MG TABLET - TIER 2**
06/01/2018	EFFIENT 5 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	PRASUGREL HCL 5 MG TABLET - TIER 2**
06/01/2018	ESTRACE 0.01 % VAGINAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ESTRADIOL 0.01 % CREAM/APPL - TIER 2**
06/01/2018	LEXIVA 700 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	FOSAMPRENAVIR CALCIUM 700 MG TABLET - TIER 5**
06/01/2018	RENVELA 800 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	SEVELAMER CARBONATE 800 MG TABLET - TIER 2**
06/01/2018	REYATAZ 150 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ATAZANAVIR SULFATE 150 MG CAPSULE - TIER 5**
06/01/2018	REYATAZ 200 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ATAZANAVIR SULFATE 200 MG CAPSULE - TIER 5**
06/01/2018	REYATAZ 300 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ATAZANAVIR SULFATE 300 MG CAPSULE - TIER 5**
06/01/2018	SABRIL 500 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	VIGABATRIN 500 MG POWD PACK - TIER 5**
06/01/2018	SUSTIVA 200 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	EFAVIRENZ 200 MG CAPSULE - TIER 5**

Effective Date	Drug Name	Reason Description	Alternate Drugs**
06/01/2018	SUSTIVA 50 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	EFAVIRENZ 50 MG CAPSULE - TIER 5**
06/01/2018	SUSTIVA 600 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	EFAVIRENZ 600 MG TABLET - TIER 5**
06/01/2018	TRANSDERM-SCOP 1 MG/3 DAY TRANSDERM	Removal of brand name drug from formulary due to addition of new generic equivalent.	SCOPOLAMINE 1 MG/3 DAY PATCH TD 3 - TIER 2 **
06/01/2018	VIGAMOX 0.5 % OPHTHALMIC	Removal of brand name drug from formulary due to addition of new generic equivalent.	MOXIFLOXACIN 0.5 % DROPS - TIER 2**
06/01/2018	VIREAD 300 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	TENOFOVIR DISOPROXIL FUMARATE 300 MG TABLET - TIER 5**
06/01/2018	ZIAGEN 20 MG/ML ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	ABACAVIR 20 MG/ML SOLUTION - TIER 2**
07/01/2018	NAMENDA XR 14 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	MEMANTINE HCL ER 14 MG CAP SPR 24
07/01/2018	NAMENDA XR 21 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	MEMANTINE HCL ER 21 MG CAP SPR 24
07/01/2018	NAMENDA XR 28 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	MEMANTINE HCL ER 28 MG CAP SPR 24
07/01/2018	NAMENDA XR 7 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	MEMANTINE HCL ER 7 MG CAP SPR 24
07/01/2018	SYPRINE 250 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	TRIENTINE HCL 250 CAPSULE
07/01/2018	TAMIFLU 6 MG/ML ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	OSELTAMIVIR PHOSPHATE 6 MG/ML SUSP RECON
08/01/2018	GABITRIL 12 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	TIAGABINE HCL 12 MG TABLET
08/01/2018	GABITRIL 16 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	TIAGABINE HCL 16 MG TABLET

Effective Date	Drug Name	Reason Description	Alternate Drugs**
08/01/2018	LIDOCAINE-PRILOCAINE 2.5%-2.5% TOPICAL	Prior authorization requirement added	N/A
08/01/2018	NORVIR 100 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	RITONAVIR 100 MG TABLET
08/01/2018	NUEDEXTA 20 MG-10 MG ORAL	PA added to ensure appropriate utilization	N/A
08/01/2018	ZINBRYTA 150 MG/ML SUBCUTANE	Formulary deletion	N/A
08/01/2018	FORADIL 12 MCG INHALATION	Removal of drug due to manufacturer withdrawing from the market.	N/A
09/01/2018	ZAVESCA 100 MG ORAL	Removal of brand name drug from formulary due to addition of new generic equivalent.	MIGLUSTAT 100 MG CAPSULE
There are no formulary changes effective October 1, 2018			
There are no formulary changes effective November 1, 2018			

** These drugs are on our drug list (formulary). Please talk with your doctor to find out if these drugs are right for you. Note: The amount you will pay for these drugs depends on which coverage period you are in. You can call Customer Service to find out how much you will pay for these drugs.