

Formulary ID: 19138



ATRIO Bronze Rx (Basin) (PPO)
ATRIO Bronze Rx (Rogue) (PPO)
ATRIO Bronze Rx (Umpqua) (PPO)
ATRIO Gold Rx (PPO)
ATRIO Gold Rx (Willamette) (PPO)
ATRIO Silver Rx (PPO)
ATRIO Silver Rx (Rogue) (PPO)
ATRIO Silver Rx (Willamette) (PPO)

ATRIO Health Plans 2019 PPO 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 February 1, 2019 | | | |
| There are no formulary changes effective March 1, 2019 | | | |
| There are no formulary changes effective April 1, 2019 | | | |
| 5/1/2019 | ADCIRCA 20 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | TADALAFIL 20 MG ORAL TABLET-5 |
| 5/1/2019 | ALBENZA 200 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | ALBENDAZOLE 200 MG ORAL TABLET-5 |
| 5/1/2019 | AMPYRA 10 MG ORAL TAB ER 12H | Removal of brand name drug from formulary due to addition of new generic equivalent | DALFAMPRIDINE ER 10 MG ORAL TAB ER 12H-5 |
| 5/1/2019 | ANDROGEL 1.25G-1.62 TRANSDERM. GEL PACKET | Removal of brand name drug from formulary due to addition of new generic equivalent | TESTOSTERONE 1.25G-1.62 TRANSDERM. GEL PACKET-2 |
| 5/1/2019 | ANDROGEL 2.5G-1.62% TRANSDERM. GEL PACKET | Removal of brand name drug from formulary due to addition of new generic equivalent | TESTOSTERONE 2.5G-1.62% TRANSDERM. GEL PACKET-2 |

| Effective Date | Drug Name | Reason Description | Alternate Drugs** |
|-----------------------|--|---|---|
| 5/1/2019 | ANDROGEL 20.25/1.25 TRANSDERM. GEL MD PMP | Removal of brand name drug from formulary due to addition of new generic equivalent | TESTOSTERONE 20.25/1.25 TRANSDERM. GEL MD PMP-2 |
| 5/1/2019 | CIALIS 2.5 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | TADALAFIL 2.5 MG ORAL TABLET-2 |
| 5/1/2019 | CIALIS 5 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | TADALAFIL 5 MG ORAL TABLET-2 |
| 5/1/2019 | INVANZ 1 G INJECTION VIAL | Removal of brand name drug from formulary due to addition of new generic equivalent | ERTAPENEM 1 G INJECTION VIAL-2 |
| 5/1/2019 | ONFI 10 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | CLOBAZAM 10 MG ORAL TABLET-2 |
| 5/1/2019 | ONFI 2.5 MG/ML ORAL ORAL SUSP | Removal of brand name drug from formulary due to addition of new generic equivalent | CLOBAZAM 2.5 MG/ML ORAL ORAL SUSP-2 |
| 5/1/2019 | ONFI 20 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | CLOBAZAM 20 MG ORAL TABLET-2 |
| 5/1/2019 | SPORANOX 10 MG/ML ORAL SOLUTION | Removal of brand name drug from formulary due to addition of new generic equivalent | ITRACONAZOLE 10 MG/ML ORAL SOLUTION-3 |
| 5/1/2019 | TORISEL FDN 30MG/3 INTRAVERN. VIAL | Removal of brand name drug from formulary due to addition of new generic equivalent | TEMSIROLIMUS FDN 30MG/3 INTRAVERN. VIAL-5 |
| 6/1/2019 | ZOVIRAX 5 % TOPICAL CREAM (G) | Removal of brand name drug from formulary due to addition of new generic equivalent | ACYCLOVIR 5 % TOPICAL CREAM (G)-5 |
| 6/1/2019 | FARESTON 60 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | TOREMIFENE CITRATE 60 MG ORAL TABLET-5 |
| 6/1/2019 | RAPAMUNE 1 MG/ML ORAL SOLUTION | Removal of brand name drug from formulary due to addition of new generic equivalent | SIROLIMUS 1 MG/ML ORAL SOLUTION-5 |
| 7/1/2019 | ADCIRCA 20 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | TADALAFIL 20 MG ORAL TABLET-5 |
| 7/1/2019 | FLECTOR 1.3 % TRANSDERM. PATCH TD12 | Removal of brand name drug from formulary due to addition of new generic equivalent | DICLOFENAC EPOLAMINE 1.3 % TRANSDERM. PATCH TD12-2 |
| 7/1/2019 | LARTRUVO 190MG/19ML INTRAVERN. VIAL | Removal of drug from formulary due to new FDA warning | |

| Effective Date | Drug Name | Reason Description | Alternate Drugs** |
|-----------------------|-------------------------------------|---|---|
| 7/1/2019 | LARTRUVO 500MG/50ML INTRAVEN. VIAL | Removal of drug from formulary due to new FDA warning | |
| 7/1/2019 | MESTINON 60 MG/5 ML ORAL SYRUP | Removal of brand name drug from formulary due to addition of new generic equivalent | PYRIDOSTIGMINE BROMIDE 60 MG/5 ML ORAL SYRUP-2 |
| 7/1/2019 | RANEXA 1000 MG ORAL TAB ER 12H | Removal of brand name drug from formulary due to addition of new generic equivalent | RANOLAZINE ER 1000 MG ORAL TAB ER 12H-2 |
| 7/1/2019 | RANEXA 500 MG ORAL TAB ER 12H | Removal of brand name drug from formulary due to addition of new generic equivalent | RANOLAZINE ER 500 MG ORAL TAB ER 12H-2 |
| 7/1/2019 | REMODULIN 1 MG/ML INJECTION VIAL | Removal of brand name drug from formulary due to addition of new generic equivalent | TREPROSTINIL 1 MG/ML INJECTION VIAL-5 |
| 7/1/2019 | REMODULIN 10 MG/ML INJECTION VIAL | Removal of brand name drug from formulary due to addition of new generic equivalent | TREPROSTINIL 10 MG/ML INJECTION VIAL-5 |
| 7/1/2019 | REMODULIN 2.5 MG/ML INJECTION VIAL | Removal of brand name drug from formulary due to addition of new generic equivalent | TREPROSTINIL 2.5 MG/ML INJECTION VIAL-5 |
| 7/1/2019 | REMODULIN 5 MG/ML INJECTION VIAL | Removal of brand name drug from formulary due to addition of new generic equivalent | TREPROSTINIL 5 MG/ML INJECTION VIAL-5 |
| 7/1/2019 | RENAGEL 400 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | SEVELAMER HCL 400 MG ORAL TABLET-2 |
| 7/1/2019 | RENAGEL 800 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | SEVELAMER HCL 800 MG ORAL TABLET-2 |
| 7/1/2019 | SABRIL 500 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | VIGABATRIN 500 MG ORAL TABLET-5 |
| 7/1/2019 | SENSIPAR 30 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | CINACALCET HCL 30 MG ORAL TABLET-5 |
| 7/1/2019 | SENSIPAR 60 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | CINACALCET HCL 60 MG ORAL TABLET-5 |
| 7/1/2019 | SENSIPAR 90 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | CINACALCET HCL 90 MG ORAL TABLET-5 |
| 7/1/2019 | SUBOXONE 12 MG-3 MG SUBLINGUAL FILM | Removal of brand name drug from formulary due to addition of new generic equivalent | BUPRENORPHINE-NALOXONE 12 MG-3 MG SUBLINGUAL FILM-2 |

| Effective Date | Drug Name | Reason Description | Alternate Drugs** |
|-----------------------|-------------------------------------|---|---|
| 7/1/2019 | SUBOXONE 2 MG-0.5MG SUBLINGUAL FILM | Removal of brand name drug from formulary due to addition of new generic equivalent | BUPRENORPHINE-NALOXONE 2 MG-0.5MG SUBLINGUAL FILM-2 |
| 7/1/2019 | SUBOXONE 4MG-1MG SUBLINGUAL FILM | Removal of brand name drug from formulary due to addition of new generic equivalent | BUPRENORPHINE-NALOXONE 4MG-1MG SUBLINGUAL FILM-2 |
| 7/1/2019 | SUBOXONE 8 MG-2 MG SUBLINGUAL FILM | Removal of brand name drug from formulary due to addition of new generic equivalent | BUPRENORPHINE-NALOXONE 8 MG-2 MG SUBLINGUAL FILM-2 |
| 7/1/2019 | TEKTURNA 150 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | ALISKIREN 150 MG ORAL TABLET-2 |
| 7/1/2019 | TEKTURNA 300 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | ALISKIREN 300 MG ORAL TABLET-2 |
| 8/1/2019 | ADCIRCA 20 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | TADALAFIL 20 MG ORAL TABLET-5 |
| 8/1/2019 | SENSIPAR 30 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | CINACALCET HCL 30 MG ORAL TABLET-5 |
| 8/1/2019 | SENSIPAR 60 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | CINACALCET HCL 60 MG ORAL TABLET-5 |
| 8/1/2019 | SENSIPAR 90 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | CINACALCET HCL 90 MG ORAL TABLET-5 |
| 9/1/2019 | EXJADE 125 MG ORAL TAB DISPER | Removal of brand name drug from formulary due to addition of new generic equivalent | DEFERASIROX 125 MG ORAL TAB DISPER-5 |
| 9/1/2019 | EXJADE 250 MG ORAL TAB DISPER | Removal of brand name drug from formulary due to addition of new generic equivalent | DEFERASIROX 250 MG ORAL TAB DISPER-5 |
| 9/1/2019 | EXJADE 500 MG ORAL TAB DISPER | Removal of brand name drug from formulary due to addition of new generic equivalent | DEFERASIROX 500 MG ORAL TAB DISPER-5 |
| 10/1/2019 | DELZICOL 400 MG ORAL CAP (DRTAB) | Removal of brand name drug from formulary due to addition of new generic equivalent | MESALAMINE DR 400MG ORAL (DRTAB)-1 |
| 10/1/2019 | LETAIRIS 5 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | AMBRISENTAN 5MG ORAL TABLET-1 |

| Effective Date | Drug Name | Reason Description | Alternate Drugs** |
|-----------------------|---|---|---|
| 10/1/2019 | LETAIRIS 10 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | AMBRISENTAN 10MG ORAL TABLET-1 |
| 10/1/2019 | TARCEVA 25 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | ERLOTINIB HCL 25MG ORAL TABLET-1 |
| 10/1/2019 | TARCEVA 100 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | ERLOTINIB HCL 100MG ORAL TABLET-1 |
| 10/1/2019 | TARCEVA 150 MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | ERLOTINIB HCL 150MG ORAL TABLET-1 |
| 10/1/2019 | TRASNSDERM-SCOP 1MG/3 DAY TRANSDERM. PATCH TD 3 | Removal of brand name drug from formulary due to addition of new generic equivalent | SCOPOLAMINE 1MG/3 DAY TRANSDERM. PATCH TD 3-1 |
| 10/1/2019 | VOLTAREN 1% TOPICAL GEL (GRAM) | Removal of brand name drug from formulary due to addition of new generic equivalent | DICLOFENAC SODIUM 1% TOPICAL GEL (GRAM)-1 |
| 10/1/2019 | WELCHOL 635MG ORAL TABLET | Removal of brand name drug from formulary due to addition of new generic equivalent | COLESEVELAM HCL 635MG ORAL TABLET-1 |
| 11/1/2019 | CUPRIMINE 250 MG ORAL CAPSULE | Removal of brand name drug from formulary due to addition of new generic equivalent | PENICILLAMINE 250 MG ORAL CAPSULE-1 |
| 11/1/2019 | FASLODEX 250 MG/5ML INTRAMUSC. SYRINGE | Removal of brand name drug from formulary due to addition of new generic equivalent | FULVESTRANT 250 MG/5ML INTRAMUSC. SYRINGE-1 |
| 11/1/2019 | FASLODEX 250 MG/5ML INTRAMUSC. SYRINGE | Removal of brand name drug from formulary due to addition of new generic equivalent | FULVESTRANT 250 MG/5ML INTRAMUSC. SYRINGE-1 |
| 11/1/2019 | LOTEMAX 0.5 % OPHTHALMIC DROPS SUSP | Removal of brand name drug from formulary due to addition of new generic equivalent | LOTEPREDNOL ETABONATE 0.5 % OPHTHALMIC-1 |

** 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.