



Formulary ID: 19101
ATRIO Special Needs Plan
ATRIO Special Needs Plan (Willamette)

ATRIO Health Plans
2019 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 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-1
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-1
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-1
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-1
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-1
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-1
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-1
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-1

Effective Date	Drug Name	Reason Description	Alternate Drugs**
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-1
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-1
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-1
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-1
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-1
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 TD12-1
7/1/2019	LARTRUVO 190MG/19ML INTRAVEN. VIAL	Removal of drug from formulary due to new FDA warning	
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-1
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-1
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-1
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-1
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-1
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-1
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-1
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-1

Effective Date	Drug Name	Reason Description	Alternate Drugs**
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-1
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-1
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-1
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-1
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-1
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-1
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-1
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-1
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-1
7/1/2019	TEKTRUNA 150 MG ORAL TABLET	Removal of brand name drug from formulary due to addition of new generic equivalent	ALISKIREN 150 MG ORAL TABLET-1
7/1/2019	TEKTRUNA 300 MG ORAL TABLET	Removal of brand name drug from formulary due to addition of new generic equivalent	ALISKIREN 300 MG ORAL TABLET-1
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-1
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-1
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-1
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-1
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-1

Effective Date	Drug Name	Reason Description	Alternate Drugs**
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-1
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-1
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
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.