

Formulary ID: 21045



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

ATRIO Health Plans 2021 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, 2021			
02/27/2021	ALINIA 500 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NITAZOXANIDE 500 MG ORAL TABLET-5
03/01/2021	BANZEL 40 MG/ML ORAL SUSP	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RUFINAMIDE 40 MG/ML ORAL SUSP-5
03/01/2021	SAPHRIS 2.5 MG SUBLINGUAL TAB SUBL	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ASENAPINE MALEATE 2.5 MG SUBLINGUAL TAB SUBL-2
03/01/2021	SAPHRIS 5 MG SUBLINGUAL TAB SUBL	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ASENAPINE MALEATE 5 MG SUBLINGUAL TAB SUBL-2
03/01/2021	SAPHRIS 10 MG SUBLINGUAL TAB SUBL	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ASENAPINE MALEATE 10 MG SUBLINGUAL TAB SUBL-2

Effective Date	Drug Name	Reason Description	Alternate Drugs**
03/01/2021	TECFIDERA 120-240 MG ORAL CAPSULE DR	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DIMETHYL FUMARATE 120-240 MG ORAL CAPSULE DR-5
04/03/2021	LOTEMAX 0.5 % OPHTHALMIC DROPS GEL	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOTEPREDNOL ETABONATE 0.5 % OPHTHALMIC DROPS GEL-2
04/03/2021	TRUVADA 100-150 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EMTRICITABINE-TENOFOVIR DISOP 100-150 MG ORAL TABLET-5
04/03/2021	TRUVADA 133-200 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EMTRICITABINE-TENOFOVIR DISOP 133-200 MG ORAL TABLET-5
04/03/2021	TRUVADA 167-250 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EMTRICITABINE-TENOFOVIR DISOP 167-250 MG ORAL TABLET-5
05/01/2021	ATRIPLA 600-200MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EFAVIRENZ-EMTRIC-TENOFOV DISOP 600-200MG ORAL TABLET-5
05/01/2021	BETHKIS 300 MG/4ML INHALATION AMPUL-NEB	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOBRAMYCIN 300 MG/4ML INHALATION AMPUL-NEB-5
05/01/2021	DEMSER 250 MG ORAL CAPSULE	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	METYROSINE 250 MG ORAL CAPSULE-5
05/01/2021	EMTRIVA 200 MG ORAL CAPSULE	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EMTRICITABINE 200 MG ORAL CAPSULE-2
05/01/2021	FERRIPROX 500 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DEFERIPRONE 500 MG ORAL TABLET-5
05/01/2021	KUVAN 100 MG ORAL TABLET SOL	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SAPROPTERIN DIHYDROCHLORIDE 100 MG ORAL TABLET SOL-5

Effective Date	Drug Name	Reason Description	Alternate Drugs**
05/01/2021	RANITIDINE HCL 15 MG/ML ORAL SYRUP	REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET WITHDRAWAL	
05/01/2021	RANITIDINE HCL 15 MG/ML ORAL SYRUP	REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET WITHDRAWAL	
05/01/2021	RANITIDINE HCL 25 MG/ML INJECTION VIAL	REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET WITHDRAWAL	
05/01/2021	RANITIDINE HCL 50 MG/2 ML INJECTION VIAL	REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET WITHDRAWAL	
05/01/2021	RANITIDINE HCL 150 MG ORAL TABLET	REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET WITHDRAWAL	
05/01/2021	RANITIDINE HCL 300 MG ORAL TABLET	REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET WITHDRAWAL	
05/01/2021	SYMFI LO 400-300 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EFAVIRENZ-LAMIVU-TENOFOV DISOP 400-300 MG ORAL TABLET-5
05/01/2021	SYMFI 600-300MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EFAVIRENZ-LAMIVU-TENOFOV DISOP 600-300MG ORAL TABLET-5
05/01/2021	TECFIDERA 120 MG ORAL CAPSULE DR	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DIMETHYL FUMARATE 120 MG ORAL CAPSULE DR-5
05/01/2021	TECFIDERA 240 MG ORAL CAPSULE DR	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DIMETHYL FUMARATE 240 MG ORAL CAPSULE DR-5
05/01/2021	TRUVADA 200-300 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EMTRICITABINE-TENOFOVIR DISOP 200-300 MG ORAL TABLET-5
05/01/2021	TYKERB 250 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LAPATINIB 250 MG ORAL TABLET-5

** 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.