Upcoming Changes to AvMed's Medicare Formulary

AvMed Medicare may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, 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 different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, 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 may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, you or your prescriber can ask us to make an exception and continue to cover the drug in the way you would like. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your Evidence of Coverage, or call AvMed Medicare Member Engagement Center at 1-800-782-8633 or for TTY users, 711 or 1-800-955-8771, October 1 – March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. April 1 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., or visit www.avmed.org.

The table that starts on the next page outlines the upcoming changes to our formulary that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AVITA GEL 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN GEL 0.025%	Tier 4	07/01/2023
BYDUREON BC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023
BYETTA INJ 10MCG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023
CALCITRIOL INJ 1MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CALCITRIOL SOL 1MCG/ML	Tier 4	07/01/2023
CAZIANT PAK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VELIVET PAK	Tier 3	01/01/2023
DALIRESP TAB	Deletion Of Drug From Formulary	Generic Available	ROFLUMILAST TAB	Tier 3	05/01/2023
DIGOX TAB 0.125MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.125MG	Tier 2	01/01/2023
DIGOX TAB 0.25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.25MG	Tier 2	01/01/2023
ELLA TAB 30MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		04/01/2023
ESBRIET CAP 267MG	Deletion Of Drug From Formulary	Generic Available	PIRFENIDONE CAP 267 MG	Tier 5	05/01/2023
GILENYA CAP 0.5MG	Deletion Of Drug From Formulary	Generic Available	FINGOLIMOD CAP 0.5MG	Tier 5	05/01/2023
HETLIOZ CAP 20MG	Deletion Of Drug From Formulary	Generic Available	TASIMELTEON CAP 20MG	Tier 5	05/01/2023
KYNMOBI FILM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		08/01/2023
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AVIANE TAB	Tier 2	02/01/2023
LEVO-T TAB	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	LEVOTHYROXINE SODIUM TAB	Tier 1	08/01/2023
LIDOCAINE HCL GEL 2%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GLYDO GEL 2%	Tier 4	07/01/2023
MYORISAN CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLARAVIS CAP	Tier 4	07/01/2023
NORVIR SOLN 80MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORVIR PACKET 100MG	Tier 4	04/01/2023
OZEMPIC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023
PASER PACKETS 4GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		03/01/2023
PRENATAL VIT TAB LOW IRON	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	Tier 3	03/01/2023
PROCALAMINE INJ 3%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINIMIX INJ 4.25/D5W	Tier 4	08/01/2023
PROCTO-PAK CRE 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE PERIANAL CREAM 1%	Tier 3	09/01/2023
ROSADAN CREAM 0.75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METRONIDAZOLE CREAM 0.75%	Tier 4	03/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
RYBELSUS TAB	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023
SYNERCID INJ 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2023
TOPOSAR INJ 100/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 20MG/ML	Tier 3	09/01/2023
TOPOSAR INJ 1GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 1GM/50ML	Tier 3	09/01/2023
TRULICITY INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023
VICTOZA INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023

***Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

**If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year.