



### **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](http://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
CAZIAN 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
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
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AVIANE TAB	Tier 2	02/01/2023
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
ROSADAN CREAM 0.75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METRONIDAZOLE CREAM 0.75%	Tier 4	03/01/2023

\*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.