

Changes to Your Plan's Formulary

Updated 01/2022

The table below outlines changes to our formulary that may impact you. Please talk to your doctor to see if the alternative drug is right for you or to change to another medication for your treatment.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
INTELENCE TAB 100MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 100MG	Tier 2	01/01/2022
INTELENCE TAB 200MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 200MG	Tier 2	01/01/2022
KALETRA TAB 100-25MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 1	01/01/2022
KALETRA TAB 200-50MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 2	01/01/2022
SUTENT CAP	Deletion Of Drug From Formulary	Generic Available	SUNITINIB CAP	Tier 2	01/01/2022
TRILYTE SOLN	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAVILYTE-N SOLN FLAVOR PACK	Tier 1	01/01/2022
XCOPRI TAB PACK 50-200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XCOPRI TAB	Tier 2	01/01/2022

*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your physician can determine if one of the alternatives listed here is appropriate for you given the individualized nature of drug therapy. Please consult your physician to confirm if this is an appropriate drug for you.