

Geisinger

Changes to the Geisinger Gold Standard Rx Formulary

Geisinger Health Plan 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. Also, 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. If you are currently taking that brand name drug, 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 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 such 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 how to request an exception. To learn more about coverage decisions and how to ask for an exception, see your Evidence of Coverage, or contact Geisinger Gold Member Services at (800) 988-4861 or, for TTY users, 711, 8 a.m. to 8 p.m. (7 days a week, Oct. – Mar.) or 8 a.m. to 8 p.m. (Mon. – Fri., April – Sept.) or 8 a.m. to 2 p.m. (Sat, April- Sept.) or visit www.GeisingerGold.com

The table below outlines upcoming changes to our formulary that may impact you:

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
Daliresp 0.5 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Roflumilast 0.5 mg oral tablet	Tier 1	2/01/2023
Denavir 1% topical cream	Deletion of Drug from Formulary	Generic Available	Penciclovir 1% topical cream	Tier 1	2/01/2023
Gilenya 0.5 mg oral capsule	Deletion of Drug from Formulary	Generic Available	Fingolimod 0.5 mg oral capsule	Tier 1	2/01/2023
Pradaxa 75 mg oral capsule	Deletion of Drug from Formulary	Generic Available	Dabigatran etexilate 75 mg oral capsule	Tier 1	2/01/2023

Pradaxa 150 mg oral capsule	Deletion of Drug from Formulary	Generic Available	Dabigatran etexilate 150 mg oral capsule	Tier 1	2/01/2023
Tazorac 0.05 % topical gel	Deletion of Drug from Formulary	Generic Available	Tazarotene 0.05% topical gel	Tier 1	2/01/2023
Tazorac 0.1 % topical gel	Deletion of Drug from Formulary	Generic Available	Tazarotene 0.1% topical gel	Tier 1	2/01/2023
Vascepa 500 mg oral capsule	Deletion of Drug from Formulary	Generic Available	Icosapent ethyl 500 mg oral capsule	Tier 1	2/01/2023
Daliresp 0.25 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Roflumilast 0.25 mg oral tablet	Tier 1	3/01/2023
Trokendi XR 25 MG 24 HR Extended Release Oral Capsule	Deletion of Drug from Formulary	Generic Available	24 HR Topiramate 25 MG Extended Release Oral Capsule	Tier 1	4/01/2023
Trokendi XR 50 MG 24 HR Extended Release Oral Capsule	Deletion of Drug from Formulary	Generic Available	24 HR Topiramate 50 MG Extended Release Oral Capsule	Tier 1	4/01/2023
Trokendi XR 100 MG 24 HR Extended Release Oral Capsule	Deletion of Drug from Formulary	Generic Available	24 HR Topiramate 100 MG Extended Release Oral Capsule	Tier 1	4/01/2023
Esbriet 267 MG Oral Capsule	Deletion of Drug from Formulary	Generic Available	Pirfenidone 267 MG Oral Capsule	Tier 1	4/01/2023
Latuda 20 MG Oral Tablet	Deletion of Drug from Formulary	Generic Available	Lurasidone Hydrochloride 20 MG Oral Tablet	Tier 1	5/01/2023
Latuda 40 MG Oral Tablet	Deletion of Drug from Formulary	Generic Available	Lurasidone Hydrochloride 40 MG Oral Tablet	Tier 1	5/01/2023
Latuda 60 MG Oral Tablet	Deletion of Drug from Formulary	Generic Available	Lurasidone Hydrochloride 60 MG Oral Tablet	Tier 1	5/01/2023
Latuda 80 MG Oral Tablet	Deletion of Drug from Formulary	Generic Available	Lurasidone Hydrochloride 80 MG Oral Tablet	Tier 1	5/01/2023
Latuda 120 MG Oral Tablet	Deletion of Drug from Formulary	Generic Available	Lurasidone Hydrochloride 120 MG Oral Tablet	Tier 1	5/01/2023
Hetlioz 20 MG Oral Capsule	Deletion of Drug from Formulary	Generic Available	Tasimelteon 20 MG Oral Capsule	Tier 1	5/01/2023

*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.

For more detailed information about your Geisinger Gold Standard Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.