

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
Alphagan 0.1% ophthalmic solution	Deletion of Drug from Formulary	Generic Available	Brimonidine tartrate 0.1% ophthalmic solution	Tier 1	1/01/2024
Condylox 0.5% topical gel	Deletion of Drug from Formulary	Generic Available	Podofilox 0.5% topical gel	Tier 1	1/01/2024
Risperdal CONSTA long-acting 12.5 mg powder for injection	Deletion of Drug from Formulary	Generic Available	Risperidone 12.5 mg extended-release powder for injection	Tier 1	1/01/2024

Risperdal CONSTA long-acting 25 mg powder for injection	Deletion of Drug from Formulary	Generic Available	Risperidone 25 mg extended-release powder for injection	Tier 1	1/01/2024
Risperdal CONSTA long-acting 37.5 mg powder for injection	Deletion of Drug from Formulary	Generic Available	Risperidone 37.5 mg extended-release powder for injection	Tier 1	1/01/2024
Risperdal CONSTA long-acting 50 mg powder for injection	Deletion of Drug from Formulary	Generic Available	Risperidone 50 mg extended-release powder for injection	Tier 1	1/01/2024
Votrient 200 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Pazopanib 200 mg oral tablet	Tier 1	1/01/2024
Korlym 300 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Mifepristone 300 mg oral tablet	Tier 1	1/31/2024
Gralise 300 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Once-Daily Gabapentin 300 mg oral tablet	Tier 1	1/31/2024
Gralise 600 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Once-Daily Gabapentin 600 mg oral tablet	Tier 1	1/31/2024
Pradaxa 110 mg oral capsule	Deletion of Drug from Formulary	Generic Available	Dabigatran Etexilate 110 mg oral capsule	Tier 1	2/14/2024
Emflaza 6 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Deflazacort 6 mg Oral Tablet	Tier 1	2/21/2024
Emflaza 18 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Deflazacort 18 mg Oral Tablet	Tier 1	2/21/2024
Emflaza 30 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Deflazacort 30 mg Oral Tablet	Tier 1	2/21/2024
Emflaza 36 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Deflazacort 36 mg Oral Tablet	Tier 1	2/21/2024
Alrex 2 mg/mL ophthalmic suspension	Deletion of Drug from Formulary	Generic Available	Loteprednol Etabonate 2 mg/mL ophthalmic suspension	Tier 1	2/21/2024
Rectiv 0.004 mg/mg rectal ointment	Deletion of Drug from Formulary	Generic Available	Nitroglycerin 0.004 mg/mg rectal ointment	Tier 1	3/6/2024
Emflaza 22.75 mg/ml suspension	Deletion of Drug from Formulary	Generic Available	Deflazacort susp 22.75 mg/ml	Tier 1	6/5/2024
Somatuline Depot 120 mg/0.5 ml	Deletion of Drug from Formulary	Generic Available	Lanreotide acetate extended release inj 120 mg/0.5 ml	Tier 1	6/5/2024

Radicava 30 mg/100 mL Solution	Deletion of Drug from Formulary	Generic Available	Edaravone 30 mg/100 mL Solution	Tier 1	7/17/2024
Corlanor 5 mg Oral Tablet	Deletion of Drug from Formulary	Generic Available	Ivabradine 5 mg Oral Tablet	Tier 1	7/17/2024
Corlanor 7.5 mg Oral Tablet	Deletion of Drug from Formulary	Generic Available	Ivabradine 7.5 mg Oral Tablet	Tier 1	7/17/2024
Endari 5 gm Oral Packet	Deletion of Drug from Formulary	Generic Available	L-glutamine 5 gm Oral Packet	Tier 1	7/24/2024
Lucemyra 0.18 mg Oral Tablet	Deletion of Drug from Formulary	Generic Available	Lofexidine 0.18 mg Oral Tablet	Tier 1	9/4/2024
Sprycel 20 mg Oral Tablet	Deletion of Drug from Formulary	Generic Available	Dasatinib 20 mg Oral Tablet	Tier 1	9/11/2024
Sprycel 50 mg Oral Tablet	Deletion of Drug from Formulary	Generic Available	Dasatinib 50 mg Oral Tablet	Tier 1	9/11/2024
Sprycel 70 mg Oral Tablet	Deletion of Drug from Formulary	Generic Available	Dasatinib 70 mg Oral Tablet	Tier 1	9/11/2024
Sprycel 80 mg Oral Tablet	Deletion of Drug from Formulary	Generic Available	Dasatinib 80 mg Oral Tablet	Tier 1	9/11/2024
Sprycel 100 mg Oral Tablet	Deletion of Drug from Formulary	Generic Available	Dasatinib 100 mg Oral Tablet	Tier 1	9/11/2024
Sprycel 140 mg Oral Tablet	Deletion of Drug from Formulary	Generic Available	Dasatinib 140 mg Oral Tablet	Tier 1	9/11/2024
Tazorac 0.05% Topical Cream	Deletion of Drug from Formulary	Generic Available	Tazarotene 0.05% Topical Cream	Tier 1	9/18/2024

*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.