

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
Chantix 0.5 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Varenicline 0.5 mg oral tablet	Tier 1	2/01/2022
Chantix 1 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Varenicline 1 mg oral tablet	Tier 1	2/01/2022
Durezol 0.05% ophthalmic suspension	Deletion of Drug from Formulary	Generic Available	Difluprednate 0.05% ophthalmic suspension	Tier 1	2/01/2022
Paxil 2 mg/ml oral suspension	Deletion of Drug from Formulary	Generic Available	Paroxetine 2 mg/ml oral suspension	Tier 1	2/01/2022

Afinitor 10 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Everolimus 10 mg oral tablet	Tier 1	2/01/2022
Afinitor Disperz oral tablet soluble 2 mg	Deletion of Drug from Formulary	Generic Available	Everolimus oral tablet soluble 2 mg	Tier 1	2/01/2022
Afinitor Disperz oral tablet soluble 3 mg	Deletion of Drug from Formulary	Generic Available	Everolimus oral tablet soluble 3 mg	Tier 1	2/01/2022
Afinitor Disperz oral tablet soluble 5 mg	Deletion of Drug from Formulary	Generic Available	Everolimus oral tablet soluble 5 mg	Tier 1	2/01/2022
Narcan 40 mg/ml nasal spray	Deletion of Drug from Formulary	Generic Available	Naloxone hydrochloride 40 mg/ml nasal spray	Tier 1	3/01/2022
Zortress 1mg oral tablet	Deletion of Drug from Formulary	Generic Available	Everolimus 1 mg oral tablet	Tier 1	3/01/2022
Carbaglu 200 mg tablet for oral suspension	Deletion of Drug from Formulary	Generic Available	Carglumic acid 200 mg tablet for oral suspension	Tier 1	5/01/2022
Selzentry 150 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Maraviroc 150 mg oral tablet	Tier 1	5/01/2022
Selzentry 300 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Maraviroc 300 mg oral tablet	Tier 1	5/01/2022
Apokyn 10 mg/ml cartridge	Deletion of Drug from Formulary	Generic Available	Apomorphine hydrochloride 10 mg/ml cartridge	Tier 1	6/01/2022
Revlimid 10 mg oral capsule	Deletion of Drug from Formulary	Generic Available	lenalidomide 10 mg oral capsule	Tier 1	6/01/2022
Revlimid 15 mg oral capsule	Deletion of Drug from Formulary	Generic Available	lenalidomide 15 mg oral capsule	Tier 1	6/01/2022
Revlimid 25 mg oral capsule	Deletion of Drug from Formulary	Generic Available	lenalidomide 25 mg oral capsule	Tier 1	6/01/2022
Revlimid 5 mg oral capsule	Deletion of Drug from Formulary	Generic Available	lenalidomide 5 mg oral capsule	Tier 1	6/01/2022
Vimpat 100 mg oral tablet	Deletion of Drug from Formulary	Generic Available	lacosamide 100 mg oral tablet	Tier 1	6/01/2022
Vimpat 150 mg oral tablet	Deletion of Drug from Formulary	Generic Available	lacosamide 150 mg oral tablet	Tier 1	6/01/2022
Vimpat 200 mg oral tablet	Deletion of Drug from Formulary	Generic Available	lacosamide 200 mg oral tablet	Tier 1	6/01/2022
Vimpat 50 mg oral tablet	Deletion of Drug from Formulary	Generic Available	lacosamide 50 mg oral tablet	Tier 1	6/01/2022

Ferriprox 1000 mg oral tablet	Deletion of Drug from Formulary	Generic Available	deferiprone 1000 mg oral tablet	Tier 1	7/01/2022
Restasis 0.5 mg/ml ophthalmic suspension	Deletion of Drug from Formulary	Generic Available	cyclosporine 0.5 mg/ml ophthalmic suspension	Tier 1	7/01/2022
Vimpat 10 mg/ml oral solution	Deletion of Drug from Formulary	Generic Available	Lacosamide 10 mg/ml oral solution	Tier 1	9/01/2022
Esbriet 267 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Pirfenidone 267 mg oral tablet	Tier 1	9/01/2022
Esbriet 801 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Pirfenidone 801 mg oral tablet	Tier 1	9/01/2022
Nexavar 200 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Sorafenib 200 mg oral tablet	Tier 1	9/01/2022
Targretin gel 1%	Deletion of Drug from Formulary	Generic Available	Bexarotene gel 1%	Tier 1	9/01/2022
Viibryd 10 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Vilazodone 10 mg oral tablet	Tier 1	9/01/2022
Viibryd 20 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Vilazodone 20 mg oral tablet	Tier 1	9/01/2022
Viibryd 40 mg oral tablet	Deletion of Drug from Formulary	Generic Available	Vilazodone 40 mg oral tablet	Tier 1	9/01/2022

*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.

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.