



Formulary Change Notice

MEDICARE ADVANTAGE | 2023

ESSENCE ADVANTAGE HMO, HMO-POS AND PPO PLANS

EFFECTIVE: 10/01/2023 - LAST UPDATED 09/19/2023



Serving Central Arkansas, Northeast Georgia, Cincinnati, Northern Kentucky, Louisville and Lexington



Formulary Change Notice
 MEDICARE ADVANTAGE
 CMS formulary ID 23364

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drug and Tier
2/1/2023	REVLIMID 20 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 20 MG ORAL CAPSULE-5
2/1/2023	DALIRESP 500 MCG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ROFLUMILAST 500 MCG ORAL TABLET-2
2/1/2023	REVLIMID 2.5 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 2.5 MG ORAL CAPSULE-5
2/1/2023	GILENYA 0.5 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	FINGOLIMOD 0.5 MG ORAL CAPSULE-5
3/1/2023	DALIRESP 250 MCG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ROFLUMILAST 250 MCG ORAL TABLET-2
4/1/2023	BIDIL 20-37.5MG ORAL TABLET	FORMULARY DELETION	FORMULARY DELETION	
4/1/2023	ESBRIET 267 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PIRFENIDONE 267 MG ORAL CAPSULE-5
4/22/2023	VIMPAT 200MG/20ML INTRAVEN. VIAL	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LACOSAMIDE 200MG/20ML INTRAVEN. VIAL-2
5/1/2023	LATUDA 60 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 60 MG ORAL TABLET-2
5/1/2023	LATUDA 120 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 120 MG ORAL TABLET-2

5/1/2023	LATUDA 20 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 20 MG ORAL TABLET-2
5/1/2023	LATUDA 40 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 40 MG ORAL TABLET-2
5/1/2023	LATUDA 80 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 80 MG ORAL TABLET-2
5/1/2023	HETLIOZ 20 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TASIMELTEON 20 MG ORAL CAPSULE-5
6/1/2023	AUBAGIO 14 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TERIFLUNOMIDE 14 MG ORAL TABLET-5
6/1/2023	AUBAGIO 7 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TERIFLUNOMIDE 7 MG ORAL TABLET-5
7/1/2023	NOXAFIL 200 MG/5ML ORAL ORAL SUSP	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	POSACONAZOLE 200 MG/5ML ORAL ORAL SUSP-5
7/1/2023	UCERIS 2 MG RECTAL FOAM/APPL	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BUDESONIDE 2 MG RECTAL FOAM/APPL-2
8/1/2023	IRESSA 250 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	GEFITINIB 250 MG ORAL TABLET-5
8/1/2023	CELONTIN 300 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	METHSUXIMIDE 300 MG ORAL CAPSULE-2
9/1/2023	PREZISTA 800 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DARUNAVIR 800 MG ORAL TABLET-5

9/1/2023	PREZISTA 600 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DARUNAVIR 600 MG ORAL TABLET-5
10/1/2023	AMBISOME 50 MG INTRAVEN. VIAL	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	AMPHOTERICIN B LIPOSOME 50 MG INTRAVEN. VIAL-5
10/1/2023	PLASMA-LYTE 148 INTRAVEN. IV SOLN	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MULTIPLE ELECTROLYTES T1 PH5.5 INTRAVEN. IV SOLN-2