



Formulary Change Notice

MEDICARE ADVANTAGE | 2024

ESSENCE ADVANTAGE HMO AND PPO PLANS

EFFECTIVE: 03/01/2024 - LAST UPDATED: 02/20/2024



HMO and PPO plans: serving Central Arkansas, the Cincinnati area (Kentucky, Ohio and Indiana), the Louisville and Lexington areas (Kentucky and Indiana), PPO plans: serving the Missouri county of Boone and Southwest Missouri



Formulary Change Notice
 MEDICARE ADVANTAGE
 CMS formulary ID 24105

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drug and Tier
2/1/2024	VOTRIENT 200 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PAZOPANIB HCL 200 MG ORAL TABLET-5
2/1/2024	ALPHAGAN P 0.1 % OPHTHALMIC DROPS	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIMONIDINE TARTRATE 0.1 % OPHTHALMIC DROPS-2
2/1/2024	LIVALO 1 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PITAVASTATIN CALCIUM 1 MG ORAL TABLET-2
2/1/2024	LIVALO 2 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PITAVASTATIN CALCIUM 2 MG ORAL TABLET-2
2/1/2024	LIVALO 4 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PITAVASTATIN CALCIUM 4 MG ORAL TABLET-2
4/1/2024	SPIRIVA HANDIHALER 18 MCG INHALATION CAP W/DEV	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TIOTROPIUM BROMIDE 18 MCG INHALATION CAP W/DEV-2
4/1/2024	FORTEO 20MCG/DOSE SUBCUTANE. PEN INJCTR	BRAND VERSION REMOVED FROM FORMULARY	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TERIPARATIDE 20MCG/DOSE SUBCUTANE. PEN INJCTR-2