

## Formulary Change Notice

MEDICARE ADVANTAGE | 2024

ESSENCE ADVANTAGE HMO PLANS EFFECTIVE: 03/01/2024 - LAST UPDATED: 02/20/2024



Serving the greater St. Louis area (Missouri and Illinois), the Missouri county of Boone and Southwest Missouri



## Formulary Change Notice MEDICARE ADVANTAGE CMS formulary ID 24171, 24172

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drug and Tier
2/1/2024	ALPHAGAN P 0.1 % OPHTHALMIC	BRAND VERSION REMOVED	REMOVAL OF BRAND NAME DRUG FROM	BRIMONIDINE TARTRATE 0.1 %
	DROPS	FROM FORMULARY	FORMULARY DUE TO ADDITION OF NEW	OPHTHALMIC DROPS-2
			GENERIC EQUIVALENT	
2/1/2024	VOTRIENT 200 MG ORAL TABLET	BRAND VERSION REMOVED	REMOVAL OF BRAND NAME DRUG FROM	PAZOPANIB HCL 200 MG ORAL
		FROM FORMULARY	FORMULARY DUE TO ADDITION OF NEW	TABLET-5
			GENERIC EQUIVALENT	
2/1/2024	LIVALO 4 MG ORAL TABLET	BRAND VERSION REMOVED	REMOVAL OF BRAND NAME DRUG FROM	PITAVASTATIN CALCIUM 4 MG
		FROM FORMULARY	FORMULARY DUE TO ADDITION OF NEW	ORAL TABLET-2
			GENERIC EQUIVALENT	
2/1/2024	LIVALO 2 MG ORAL TABLET	BRAND VERSION REMOVED	REMOVAL OF BRAND NAME DRUG FROM	PITAVASTATIN CALCIUM 2 MG
		FROM FORMULARY	FORMULARY DUE TO ADDITION OF NEW	ORAL TABLET-2
			GENERIC EQUIVALENT	
2/1/2024	LIVALO 1 MG ORAL TABLET	BRAND VERSION REMOVED	REMOVAL OF BRAND NAME DRUG FROM	PITAVASTATIN CALCIUM 1 MG
		FROM FORMULARY	FORMULARY DUE TO ADDITION OF NEW	ORAL TABLET-2
			GENERIC EQUIVALENT	
2/1/2024	CAROSPIR 25 MG/5 ML ORAL ORAL	BRAND VERSION REMOVED	REMOVAL OF BRAND NAME DRUG FROM	SPIRONOLACTONE 25 MG/5 ML
	SUSP	FROM FORMULARY	FORMULARY DUE TO ADDITION OF NEW	ORAL ORAL SUSP-2
			GENERIC EQUIVALENT	
4/1/2024	SPIRIVA HANDIHALER 18 MCG	BRAND VERSION REMOVED	REMOVAL OF BRAND NAME DRUG FROM	TIOTROPIUM BROMIDE 18
	INHALATION CAP W/DEV	FROM FORMULARY	FORMULARY DUE TO ADDITION OF NEW	MCG INHALATION CAP W/DEV-
			GENERIC EQUIVALENT	2
4/1/2024	FORTEO 20MCG/DOSE SUBCUTANE.	BRAND VERSION REMOVED	REMOVAL OF BRAND NAME DRUG FROM	TERIPARATIDE 20MCG/DOSE
	PEN INJCTR	FROM FORMULARY	FORMULARY DUE TO ADDITION OF NEW	SUBCUTANE. PEN INJCTR-2
			GENERIC EQUIVALENT	