

## Updates to Medica Drug List for Commercial Members

Effective January 1, 2024

Effective on January 1, 2024, the following changes will apply to the Medica Commercial Drug List (formulary).

### Moving to a Higher Cost Share

*You can continue using your current medication, but you may have to pay a higher copay or coinsurance*

Drug Name	Formulary position	Preferred Alternatives
ENDOMETRIN	Tier 5	Consult with prescriber

### Removed from Formulary

*Prior Authorization Required for Medical Necessity*

Drug Name	Formulary Position	Preferred Alternatives
AMJEVITA	Removed from Formulary	ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA, HYRIMOZ
APLENZIN	Removed from Formulary	bupropion xl 150 mg or 300 mg
AUBAGIO	Removed from Formulary	teriflunomide
BEVESPI AEROSPHERE	Removed from Formulary	ANORO ELLIPTA, STIOLTO RESPIMAT
BIDIL	Removed from Formulary	isosorbide dinitrate/hydralazine
BRAFTOVI	Removed from Formulary	TAFINLAR, ZELBORAF
CARAFATE	Removed from Formulary	sucralfate
CHORIONIC GONADOTROPIN	Removed from Formulary	NOVAREL, OVIDREL
CITRANATAL	Removed from Formulary	generic prenatal vitamins
DYNAVEL XR	Removed from Formulary	dextroamphetamine er, dextroamphetamine/amphetamine er, MYDAYIS, VYVANSE
FLOVENT DISKUS*	Removed from Formulary	Arnuity Ellipta, Asmanex HFA or Twisthaler, Qvar Redihaler
FLOVENT HFA*	Removed from Formulary	Arnuity Ellipta, Asmanex HFA or Twisthaler, Qvar Redihaler
FULPHILA	Removed from Formulary	ZIEXTENZO
IBRANCE	Removed from Formulary	KISQALI, VERZENIO

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KEVEYIS	Removed from Formulary	dichlorphenamide
KUVAN	Removed from Formulary	sapropterin
LATUDA	Removed from Formulary	lurasidone
LEVEMIR	Removed from Formulary	SEMGLEE (YFGN), TOUJEO, TRESIBA
LUPRON DEPOT-PED	Removed from Formulary	FENSOLVI**, TRIPTODUR
LUZU	Removed from Formulary	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
MEKTOVI	Removed from Formulary	COTELLIC, MEKINIST
NATESTO	Removed from Formulary	testosterone gel, testosterone solution, ANDRODERM PATCHES
NORDITROPIN FLEXPRO	Removed from Formulary	GENOTROPIN, OMNITROPE
OSMOLEX ER	Removed from Formulary	amantadine capsules, amantadine oral solution, amantadine tablets
OXAYDO	Removed from Formulary	oxycodone
QUILLICHEW ER, QUILLIVANT XR	Removed from Formulary	dexmethylphenidate er, dextroamphetamine sulfate er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
SEREVENT DISKUS	Removed from Formulary	STRIVERDI RESPIMAT**
SIVEXTRO	Removed from Formulary	linezolid
STEGLUJAN	Removed from Formulary	GLYXAMBI
SUPPRELIN LA	Removed from Formulary	FENSOLVI**, TRIPTODUR
TOVIAZ	Removed from Formulary	fesoterodine
VOQUEZNA	Removed from Formulary	bismuth/metronidazole/tetracycline, lansoprazole/amoxicillin/clarithromycin, TALICIA
XULTOPHY	Removed from Formulary	SOLQUA

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Drug Name	Formulary Position	Preferred Alternatives
YONSA	Removed from Formulary	abiraterone, XTANDI
ZARXIO	Removed from Formulary	NIVESTYM
ZOLPIMIST	Removed from Formulary	eszopiclone, zaleplon, zolpidem

\*Current 2023 exclusion in this class

\*\*Moving from Excluded or Non-Preferred to Preferred effective 1/1/24

NOTE: Coverage limitations may apply to these medications. Inclusion in this list does not imply coverage. Members should refer to their benefit plan document for further information.

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