Retiree RxCare

Retiree RxCare may add or remove drugs from our formulary during the year. If we remove drugs from our formulary **or** add prior authorization, quantity limits and/or step therapy restrictions to a drug **and/or** move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective.

There are two exceptions to the 60-day advance member notification requirement:

1. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe **or** the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.
2. When the FDA approves a first time generic for a brand name drug, we may immediately allow a brand to generic substitution. Notification to the member will be made but can occur after the substitution is made.

FORMULARY CHANGES EFFECTIVE 02/01/2021	
Medication Name	**Change Description**
GAMIFANT 10 MG/2 ML VIAL *emapalumab-lzsg*	- Added to Tier 5 - PA Added: Gamifant (s)
GAMIFANT 50 MG/10 ML VIAL *emapalumab-lzsg*	- Added to Tier 5 - PA Added: Gamifant (s)
loperamide hcl 1mg/7.5ml liquid	- Removed From Coverage
ORGOVYX 120 MG TABLET *relugolix*	- Added to Tier 5 - PA Added: Orgovyx (s)
RIABNI 100 MG/10 ML VIAL *rituximab-arrx*	- Added to Tier 5 - PA Added: Riabni (s)
RIABNI 500 MG/50 ML VIAL *rituximab-arrx*	- Added to Tier 5 - PA Added: Riabni (s)
ZOKINVY 50 MG CAPSULE *lonafarnib*	- Added to Tier 5 - QL Added: 120 / 30 DAYS - PA Added: Zokinvy (s)
ZOKINVY 75 MG CAPSULE *lonafarnib*	- Added to Tier 5 - QL Added: 120 / 30 DAYS - PA Added: Zokinvy (s)

QL = Quantity Limit, PA = Prior Authorization, B/D = Medicare Part B versus Part D determination

AER = Aerosol, CAP = Capsule, CON = Concentrate, CRE = Cream, DRO = Drops, ER = Extended Release, ENE = Enema, GRA = Granules, INH = Inhalation, INJ = Injection, LOT = Lotion, NEB = Nebulizer, ODT = Orally Disintegrating, OIN = Ointment, OP = Ophthalmic, POW = Powder, SHA = Shampoo, SOL = Solution, SPR = Spray, SUB = Sublingual, SUP = Suppository, SUS = Suspension, TAB = Tablet, CHW = Chewable