

## Changes to GlobalHealth's Formulary

GlobalHealth may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, depending on the type of change, there may be different options to consider. For example:

You may be able to use another drug on our Drug List to treat your medical condition. Alternative drug(s) are provided below to help your prescriber to find a covered drug that might work for you. Ask your prescriber if one of the possible alternative drug(s) is right for you.

You, your prescriber, or your authorized representative may also ask for an exception. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call Customer Care at 1-866-494-3927 (TTY: 711), 24 hours a day, 7 days a week.

The table below outlines changes to our formulary that may impact you.

| Name of Affected Drug        | Description of Change           | Reason for Change            | Alternative Drug(s) *  | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|------------------------------|---------------------------------|------------------------------|--|---------------------------------------|----------------|
| CEFACLOR SUS 125/5ML         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLOR SUS 250MG/5ML   | Tier 4                                | 02/01/2024     |
| CEFACLOR SUS 375/5ML         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLOR SUS 250MG/5ML   | Tier 4                                | 02/01/2024     |
| CEFTAZIDIME/ SOL D5W 1GM     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFTAZIDIME INJ  | Tier 4                                | 02/01/2024     |
| CEFTAZIDIME/ SOL D5W 2GM     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFTAZIDIME INJ  | Tier 4                                | 02/01/2024     |
| CIPROFLOXACIN HCL TAB 100 MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CIPROFLOXACIN HCL TAB 250 MG   | Tier 1                                | 02/01/2024     |
| CLINDAMYCIN INJ 300MG/2ML    | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CLINDAMYCIN INJ 600MG/4ML  | Tier 3                                | 02/01/2024     |
| NEVIRAPINE TAB ER 100MG      | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NEVIRAPINE TAB ER 400MG  | Tier 4                                | 02/01/2024     |
| OLOPATADINE DROPS 0.1%       | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AZELASTINE HCL OPHTH SOLN 0.05%  | Tier 3                                | 02/01/2024     |
| STAVUDINE CAP                | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ABACAVIR TAB; EMTRICITABINE CAP; LAMIVUDINE 150 MG, 300 MG TAB; ZIDOVUDINE TAB | Tier 3                                | 01/01/2024     |
| SYMJEPI INJ 0.15MG           | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EPINEPHRINE INJ 0.15MG   | Tier 3                                | 02/01/2024     |
| SYMJEPI INJ 0.3MG            | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EPINEPHRINE INJ 0.3MG  | Tier 3                                | 02/01/2024     |
| SYNRIBO INJ 3.5MG            | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ICLUSIG TAB; SCEMBLIX TAB  | Tier 5                                | 02/01/2024     |
| TRICARE TAB PRENATAL         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PRENATAL TAB 27-1MG  | Tier 3                                | 01/01/2024     |

\*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.