



Formulary ID: 23416

ATRIO Choice Rx (PPO)
ATRIO Select Rx (PPO)
ATRIO Prime Rx (PPO)

ATRIO Health Plans 2023 PPO Plans Monthly Formulary Change Notice

ATRIO Health Plans may remove drugs from our formulary (list of covered drugs) or add rules about whether and when certain drugs are covered during the year. The chart below contains upcoming changes to the ATRIO Health Plans formulary. **You may not be taking these drugs now. We provide you with these updates so that you know about future changes to our drug list.** Please see Section 4 of your *Explanation of Benefits* for specific changes to drugs that you are currently taking.

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs**
2/1/2023	DALIRESP 500 MCG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ROFLUMILAST 500 MCG ORAL TABLET-2
2/1/2023	DENAVIR 1 % TOPICAL CREAM (G)	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PENCICLOVIR 1 % TOPICAL CREAM (G)-4
2/1/2023	GILENYA 0.5 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	FINGOLIMOD 0.5 MG ORAL CAPSULE-5
2/1/2023	REVLIMID 2.5 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 2.5 MG ORAL CAPSULE-5
2/1/2023	REVLIMID 20 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 20 MG ORAL CAPSULE-5
2/1/2023	ZIOPTAN 0.0015 % OPHTHALMIC DROPERETTE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TAFLUPROST 0.0015 % OPHTHALMIC DROPERETTE-4

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs**
3/1/2023	DALIRESP 250 MCG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ROFLUMILAST 250 MCG ORAL TABLET-2
4/1/2023	BIDIL 20-37.5MG ORAL TABLET	FORMULARY DELETION	FORMULARY DELETION	
4/1/2023	ESBRIET 267 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PIRFENIDONE 267 MG ORAL CAPSULE-5
5/1/2023	HETLIOZ 20 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TASIMELTEON 20 MG ORAL CAPSULE-5
5/1/2023	LATUDA 120 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 120 MG ORAL TABLET-2
5/1/2023	LATUDA 20 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 20 MG ORAL TABLET-2
5/1/2023	LATUDA 40 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 40 MG ORAL TABLET-2
5/1/2023	LATUDA 60 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 60 MG ORAL TABLET-2
5/1/2023	LATUDA 80 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LURASIDONE HCL 80 MG ORAL TABLET-2
7/01/2023	UCERIS 2 MG RECTAL FOAM/APPL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	POSACONAZOLE 200 MG/5ML ORAL SUSP-5

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs**
7/01/2023	NOXAFIL 200 MG/5ML ORAL SUSP	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	POSACONAZOLE 200 MG/5ML ORAL SUSP-5
8/01/2023	CELONTIN 300 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	METHSUXIMIDE 300 MG ORAL CAPSULE-3
8/01/2023	IRESSA 250 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	GEFITINIB 250 MG ORAL TABLET-5
9/01/2023	PREZISTA 800 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DARUNAVIR 800 MG ORAL TABLET-5
9/01/2023	PREZISTA 600 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DARUNAVIR 600 MG ORAL TABLET-5
10/01/2023	PLASMA-LYTE 148 INTRAVEN. IV SOLN	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MULTIPLE ELECTROLYTES T1 PH5.5 INTRAVEN. IV SOLN-4
10/01/2023	AMBISOME 50 MG INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	AMPHOTERICIN B LIPOSOME 50 MG INTRAVEN. VIAL-5

** These drugs are on our drug list (formulary). Please talk with your doctor to find out if these drugs are right for you.

Note: The amount you will pay for these drugs depends on your plan and which coverage period you are in. To find out how much you will pay for these drugs, please refer to your plan benefit documents, or call Customer Service at **1-877-672-8620** (TTY 711), daily from 8 a.m. to 8 p.m. local time.