

2022 SOUTH DAKOTA

Blue Medicare Advantage PPOSM

Effective June 1, 2022

Attention South Dakota Blue Medicare Advantage members: This is a list of changes made to the South Dakota Blue Medicare Advantage formulary since its initial release in October 2021.

South Dakota Blue Medicare Advantage 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 contact Wellmark Advantage Health Plan Customer Service:



Call **1-888-832-6168 (TTY: 711)**

Hours: 24/7

Or visit:



WellmarkAdvantageHealthPlan.com

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 |
|------------------------------|---------------------------------|---|------------------------------------|--|-----------------------|
| AMINOSYN-PF INJ 7% | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | TROPHAMINE INJ 10% | Tier 4 | 05/01/2022 |
| BEKYREE TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | KARIVA TAB 28 DAY | Tier 3 | 02/01/2022 |
| BYSTOLIC TAB | Deletion Of Drug From Formulary | Generic Available | NEBIVOLOL TAB | Tier 4 | 05/01/2022 |
| CHANTIX PAK 1MG | Deletion Of Drug From Formulary | Generic Available | VARENICLINE TAB 1MG | Tier 4 | 05/01/2022 |
| CHANTIX TAB | Deletion Of Drug From Formulary | Generic Available | VARENICLINE TAB | Tier 4 | 05/01/2022 |
| CYCLAFEM TAB 1/35 | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NORTREL TAB 1/35 | Tier 2 | 02/01/2022 |
| CYCLAFEM TAB 7/7/7 | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NORTREL TAB 7/7/7 | Tier 2 | 02/01/2022 |
| DEXILANT CAP DR | Deletion Of Drug From Formulary | Generic Available | DEXLANSOPRAZOLE CAP DR | Tier 4 | 08/01/2022 |
| DUREZOL EMU 0.05% | Deletion Of Drug From Formulary | Generic Available | DIFLUPREDNATE EMU 0.05% | Tier 3 | 05/01/2022 |
| FARYDAK CAP | Deletion Of Drug From Formulary | Manufacturer Discontinuation | XPOVIO PAK | Tier 5 | 06/01/2022 |
| FREAMINE HBC INJ 6.9% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | FREAMINE III INJ 10% | Tier 4 | 01/01/2022 |
| INTELENCE TAB 100MG | Deletion Of Drug From Formulary | Generic Available | ETRAVIRINE TAB 100MG | Tier 5 | 01/01/2022 |
| INTELENCE TAB 200MG | Deletion Of Drug From Formulary | Generic Available | ETRAVIRINE TAB 200MG | Tier 5 | 01/01/2022 |
| IVERMECTIN TAB 3MG | Prior Authorization Added** | PA Added To Ensure Use Is For A Part D Covered Indication | Consult Your Health Care Provider | | 03/01/2022 |
| KALETRA TAB 100-25MG | Deletion Of Drug From Formulary | Generic Available | LOPINA VIR-RITONAVIR TAB 100-25 MG | Tier 4 | 01/01/2022 |
| KALETRA TAB 200-50MG | Deletion Of Drug From Formulary | Generic Available | LOPINA VIR-RITONAVIR TAB 200-50 MG | Tier 5 | 01/01/2022 |
| MINITRAN TD PATCH | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NITROGLYCERIN TD PATCH | Tier 3 | 02/01/2022 |
| MONDOXYNE NL CAP 100MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | DOXYCYCLINE MONOHYDRATE CAP 100 MG | Tier 2 | 02/01/2022 |
| NARCAN SPR | Deletion Of Drug From Formulary | Generic Available | NALOXONE HCL SPR | Tier 3 | 05/01/2022 |

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|----------------------------------|------------------------------------|---------------------------------|--------------------------------|--------|------------|
| PERFOROMIST NEB 20 MCG/2ML | Deletion Of Drug From Formulary | Generic Available | FORMOTEROL NEB 20MCG/2ML | Tier 5 | 01/01/2022 |
| SUTENT CAP | Deletion Of Drug From Formulary | Generic Available | SUNITINIB CAP | Tier 5 | 01/01/2022 |
| TRILYTE SOLN | Deletion Of Drug From Formulary | Manufacturer Discontinuation | GAVILYTE-N SOLN FLAVOR PACK | Tier 2 | 01/01/2022 |
| TRI-PREVIFEM TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | TRI-SPRINTEC TAB | Tier 2 | 04/01/2022 |
| VIMPAT TAB | Deletion Of Drug From Formulary | Generic Available | LACOSAMIDE TAB | Tier 4 | 08/01/2022 |
| XCOPRI TAB PACK 50- 200MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | XCOPRI TAB | Tier 5 | 01/01/2022 |
| ZARAH TAB 3- 0.03MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SYEDA TAB 3- 0.03MG | Tier 3 | 03/01/2022 |

*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.

**Applies to new starts