

# Geisinger

## Changes to the Geisinger Gold Standard Rx Formulary

Geisinger Health Plan may immediately remove a brand name drug (or biological product) on our Drug List if we are replacing it with a new generic drug (or biosimilar version) that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug (or biosimilar version), 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. If you are currently taking that brand name drug (or biological product), 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 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 such a change in drug coverage or restriction, you or your prescriber can ask us to make an exception and continue to cover the drug in the way you would like. The notice we provide you will also include information on how to request an exception. To learn more about coverage decisions and how to ask for an exception, see your Evidence of Coverage, or contact Geisinger Gold Member Services at (800) 988-4861 or, for TTY users, 711, 8 a.m. to 8 p.m. (7 days a week, Oct. – Mar.) or 8 a.m. to 8 p.m. (Mon. – Fri., April – Sept.) or 8 a.m. to 2 p.m. (Sat, April-Sept.) or visit [www.GeisingerGold.com](http://www.GeisingerGold.com)

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

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Tier*	Effective Date
Mesnex 400 mg tablet	Deletion of Drug from Formulary	Generic Available	Mesna 400 mg tablet	Tier 1	1/22/2025
Purixan 2000 mg/100 mL suspension	Deletion of Drug from Formulary	Generic Available	Mercaptopurine 2000 mg/100 mL suspension	Tier 1	3/18/2025
Brilinta 60 mg tablet	Deletion of Drug from Formulary	Generic Available	Ticagrelor 60 mg tablet	Tier 1	5/7/2025
Brilinta 90 mg tablet	Deletion of Drug from Formulary	Generic Available	Ticagrelor 90 mg tablet	Tier 1	5/7/2025

Aptiom 200 mg tablet	Deletion of Drug from Formulary	Generic Available	Eslicarbazepine 200 mg tablet	Tier 1	5/14/2025
Aptiom 400 mg tablet	Deletion of Drug from Formulary	Generic Available	Eslicarbazepine 400 mg tablet	Tier 1	5/14/2025
Aptiom 600 mg tablet	Deletion of Drug from Formulary	Generic Available	Eslicarbazepine 600 mg tablet	Tier 1	5/14/2025
Aptiom 800 mg tablet	Deletion of Drug from Formulary	Generic Available	Eslicarbazepine 800 mg tablet	Tier 1	5/14/2025
Promacta 12.5 mg packet	Deletion of Drug from Formulary	Generic Available	Eltrombopag 12.5 mg packet	Tier 1	5/21/2025
Promacta 25 mg packet	Deletion of Drug from Formulary	Generic Available	Eltrombopag 25 mg packet	Tier 1	5/21/2025
Promacta 12.5 mg tablet	Deletion of Drug from Formulary	Generic Available	Eltrombopag 12.5 mg tablet	Tier 1	5/21/2025
Promacta 25 mg tablet	Deletion of Drug from Formulary	Generic Available	Eltrombopag 25 mg tablet	Tier 1	5/21/2025
Promacta 50 mg tablet	Deletion of Drug from Formulary	Generic Available	Eltrombopag 50 mg tablet	Tier 1	5/21/2025
Promacta 75 mg tablet	Deletion of Drug from Formulary	Generic Available	Eltrombopag 75 mg tablet	Tier 1	5/21/2025
Complera tablet	Deletion of Drug from Formulary	Generic Available	emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg	Tier 1	6/04/2025
Tasigna 50 mg capsule	Deletion of Drug from Formulary	Generic Available	nilotinib hcl cap 50 mg	Tier 1	6/04/2025
Tasigna 150 mg capsule	Deletion of Drug from Formulary	Generic Available	nilotinib hcl cap 150 mg	Tier 1	6/04/2025
Tasigna 200 mg capsule	Deletion of Drug from Formulary	Generic Available	nilotinib hcl cap 200 mg	Tier 1	6/04/2025
Fycompa 2 mg tablet	Deletion of Drug from Formulary	Generic Available	perampanel 2 mg tablet	Tier 1	6/11/2025
Fycompa 4 mg tablet	Deletion of Drug from Formulary	Generic Available	perampanel 4 mg tablet	Tier 1	6/11/2025
Fycompa 6 mg tablet	Deletion of Drug from Formulary	Generic Available	perampanel 6 mg tablet	Tier 1	6/11/2025
Fycompa 8 mg tablet	Deletion of Drug from Formulary	Generic Available	perampanel 8 mg tablet	Tier 1	6/11/2025
Fycompa 10 mg tablet	Deletion of Drug from Formulary	Generic Available	perampanel 10 mg tablet	Tier 1	6/11/2025
Fycompa 12 mg tablet	Deletion of Drug from Formulary	Generic Available	perampanel 12 mg tablet	Tier 1	6/11/2025
Eprontia 25 mg/mL solution	Deletion of Drug from Formulary	Generic Available	topiramate 25 mg/mL solution	Tier 1	7/10/2025
Entresto 24-26 mg tablet	Deletion of Drug from Formulary	Generic Available	sacubitril-valsartan 24-26 mg tablet	Tier 1	7/30/2025
Entresto 49-51 mg tablet	Deletion of Drug from Formulary	Generic Available	sacubitril-valsartan 49-51 mg tablet	Tier 1	7/30/2025
Entresto 97-103 mg tablet	Deletion of Drug from Formulary	Generic Available	sacubitril-valsartan 97-103 mg tablet	Tier 1	7/30/2025
Vuity 1.25% ophthalmic solution	Deletion of Drug from Formulary	Generic Available	pilocarpine 1.25% ophthalmic solution	Tier 1	8/13/2025
Prolia 60 mg/mL prefilled syringe	Deletion of Drug from Formulary	Generic Available	Jubbonti 60 mg/mL prefilled syringe	Tier 1	9/1/2025
Xgeva 120 mg/1.7 mL solution	Deletion of Drug from Formulary	Generic Available	Wyost 120 mg/1.7 mL solution	Tier 1	9/1/2025
Prograf 5 mg/ml solution	Deletion of Drug from Formulary	Generic Available	Tacrolimus 5 mg/ml solution	Tier 1	11/12/2025
Gleostine 10 mg capsule	Deletion of Drug from Formulary	Generic Available	Lomustine 10 mg capsule	Tier 1	11/26/2025
Gleostine 40 mg capsule	Deletion of Drug from Formulary	Generic Available	Lomustine 40 mg capsule	Tier 1	11/26/2025
Gleostine 100 mg capsule	Deletion of Drug from Formulary	Generic Available	Lomustine 100 mg capsule	Tier 1	11/26/2025

\*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your physician can determine if one of the alternatives listed here is appropriate for you given the individualized nature of drug therapy. Please consult your physician to confirm if this is an appropriate drug for you.

For more detailed information about your Geisinger Gold Standard Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company/Geisinger Quality Options, Inc., health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. are part of Geisinger, an integrated health care delivery and coverage organization. Risant Health is the parent organization of Geisinger.