

Formulary Change Notice

Brand New Day HMO 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 Brand New day Formulary effective **8/1/2019**. **You may not be taking this drugs now. We provide you with this updates so you know about future changes to our drug list.**

Legend

Code	Formulary Change Type
E	Type of Change: Brand version removed from formulary Reason for Change: Removal of brand-name drug from formulary due to addition of new generic equivalent

List of Changes

Code	Effective Date	Drug	Other Possible Drugs (if applicable)
E	11/01/2019	CUPRIMINE 250 MG ORAL Tier 5	PENICILLAMINE 250 MG ORAL** Tier 5
E	10/01/2019	DELZICOL 400 MG ORAL Tier 2	MESALAMINE DR 400 MG ORAL** Tier 2
E	11/01/2019	FASLODEX 250 MG/5ML INTRAMUSC. Tier 5	FULVESTRANT 250 MG/5ML INTRAMUSC.** Tier 5
E	10/01/2019	LETAIRIS 10 MG ORAL Tier 5	AMBRISENTAN 10 MG ORAL** Tier 5
E	10/01/2019	LETAIRIS 5 MG ORAL Tier 5	AMBRISENTAN 5 MG ORAL** Tier 5
E	11/01/2019	LOTEMAX 0.5 % OPHTHALMIC Tier 3	LOTEPREDNOL ETABONATE 0.5 % OPHTHALMIC** Tier 2
E	10/01/2019	TARCEVA 100 MG ORAL Tier 5	ERLOTINIB HCL 100 MG ORAL** Tier 5
E	10/01/2019	TARCEVA 150 MG ORAL Tier 5	ERLOTINIB HCL 150 MG ORAL** Tier 5
E	10/01/2019	TARCEVA 25 MG ORAL Tier 5	ERLOTINIB HCL 25 MG ORAL** Tier 5
E	10/01/2019	TRANSDERM-SCOP 1 MG/3 DAY TRANSDERM. Tier 4	SCOPOLAMINE 1 MG/3 DAY TRANSDERM.** Tier 2
E	10/01/2019	VOLTAREN 1 % TOPICAL Tier 2	DICLOFENAC SODIUM 1 % TOPICAL** Tier 2
E	10/01/2019	WELCHOL 625 MG ORAL Tier 2	COLESEVELAM HCL 625 MG ORAL** Tier 2

** 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 which coverage period you are in. You can call Customer Service to find out how much you will pay for these drugs.