

Effective January 1, 2024, the Mercy Care Advantage formulary is changing. Below is a URL to access the 2024 Formulary along with the 2024 Part D utilization management criteria.

<https://www.mercycareaz.org/advantage/part-d.html>

Part D Coverage Determination Exception Requests can be faxed with supporting documentation to 1-855-230-5544.

Top drugs removed from the formulary effective 1/1/2024 with the listed covered formulary alternative:

| DRUG REMOVED FROM THE FORMULARY IN 2024 | OPTION 1 | OPTION 2 | OPTION 3 | OPTION 4 | OPTION 5 |
|---|---|---|------------------------|---------------------------|------------------------|
| ADVAIR DISKUS INHALER | FLUTICASONE-SALMETEROL AER 500/50 (GENERIC OF ADVAIR DISKUS AER 500/50) | WIXELA INHUB AER 500/50 (GENERIC OF ADVAIR DISKUS AER 500/50) | BREO ELLIPTA AER | ADVAIR HFA AER | DULERA AER |
| ALPHAGAN P SOL 0.1% | BRIMONIDINE SOL 0.15%, 0.2% OP | LATANOPROST SOL 0.005% | BRINZOLAMIDE SUS 1% OP | DORZOLAMIDE SOL 2% OP | TIMOLOL MALEATE SOL OP |
| AUVELITY TAB | BUPROPION TAB, TAB SR | BUPROPION HCL TAB XL | | | |
| BELSOMRA TAB | DAYVIGO TAB | DOXEPIN TAB 3MG, 6MG | ZOLPIDEM TAB 5MG, 10MG | | |
| FESOTERODINE TAB ER | OXYBUTYNIN TAB ER | TOLTERODINE TAB | SOLIFENACIN TAB | MYRBETRIQ TAB | GEMTESA TAB |
| FLOVENT HFA INHALER | ARNUIITY ELLIPTA INH | | | | |
| INGREZZA CAP | AUSTEDO TAB | AUSTEDO XR TAB | | | |
| LATUDA TAB | LURASIDONE TAB 20MG (GENERIC OF LATUDA TAB 20MG) | | | | |
| LEVEMIR INSULIN | BASAGLAR | LANTUS | TRESIBA | TOUJEO | |
| LOKELMA PAK | VELTASSA POW | SODIUM POLYSTYRENE SULFONATE POWDER | SPS SUS 15GM/60ML | | |
| NOVOLOG INSULIN | ADMELOG | FIASP | | | |
| PRALUENT INJ | REPATHA INJ | | | | |
| PREZISTA TAB | DARUNAVIR TAB 800MG (GENERIC OF PREZISTA TAB 800MG) | | | | |
| PULMICORT INHALER | ARNUIITY ELLIPTA INH | | | | |
| SYMBICORT INHALER | FLUTICASONE-SALMETEROL AER (GENERIC OF ADVAIR DISKUS) | WIXELA INHUB AER (GENERIC OF ADVAIR DISKUS) | BREO ELLIPTA AER | ADVAIR HFA AER | DULERA AER |
| VICTOZA INJ 18MG/3ML | TRULICITY INJ | BYETTA INJ | OZEMPIC INJ | BYDUREON BCISE INJ | RYBELSUS TAB |
| VIMPAT SOL 10MG/ML | LACOSAMIDE SOL 10MG/ML (GENERIC OF VIMPAT SOL 10MG/ML) | | | | |
| XYREM SOL 500MG/ML | SOD OXYBATE SOL 500MG/ML | | | | |
| ZOLMITRIPTAN TAB | SUMATRIPTAN TAB | NARATRIPTAN TAB | RIZATRIPTAN TAB | RIZATRIPTAN TAB ODT | |
| ZOLMITRIPTAN TAB ODT | RIZATRIPTAN TAB ODT | SUMATRIPTAN TAB | NARATRIPTAN TAB | RIZATRIPTAN TAB | |