

Changes to the MMP CA Formulary

The table below outlines formulary changes for the MMP CA Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
12/1/2022	CAZIAN 0.1/0.125/0.15 -0.025 MG TAB	Deletion – No longer covered under Medicare Part D	VELIVET 0.1/0.125/0.15 - 0.025 MG TAB	Tier 2	
12/1/2022	STIMATE 1.5 MG/ML SOLUTION	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		

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Last Updated: 11/17/2022
MMP CA FORMULARY

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*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your health care provider can determine if the alternative(s) listed here is appropriate for you given the individualized nature of drug therapy.

**Please refer to the description of your plan for copay/coinsurance amounts.

***Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.