



ATRIO Special Needs Plan
ATRIO Special Needs Plan (Willamette) (HMOO D-SNP)

ATRIO Health Plans
2024 SNP Plans Monthly Formulary Change Notice

ATRIO Health Plans 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 ATRIO Health Plans formulary. **You may not be taking these drugs now. We provide you with these updates so that you know about future changes to our drug list.** Please see Section 4 of your *Explanation of Benefits* for specific changes to drugs that you are currently taking.

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs**
2/1/2024	ALPHAGAN P 0.1 % OPHTHALMIC DROPS	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIMONIDINE TARTRATE 0.1 % OPHTHALMIC DROPS-1
2/1/2024	VOTRIENT 200 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PAZOPANIB HCL 200 MG ORAL TABLET-1
04/01/2024	FORTEO 20MCG/DOSE SUBCUTANE. PEN INJCTR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TERIPARATIDE 20MCG/DOSE SUBCUTANE. PEN INJCTR-1
04/01/2024	TRACLEER 62.5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BOSENTAN 62.5 MG ORAL TABLET-1
04/01/2024	TRACLEER 125 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BOSENTAN 125 MG ORAL TABLET-1
04/01/2024	RISPERDAL CONSTA 25 MG/2 ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 25 MG/2 ML INTRAMUSC. VIAL-1
04/01/2024	PROLENSA 0.07 % OPHTHALMIC DROPS	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BROMFENAC SODIUM 0.07 % OPHTHALMIC DROPS-1

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs**
04/01/2024	RISPERDAL CONSTA 12.5MG/2ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 12.5MG/2ML INTRAMUSC. VIAL-1
04/01/2024	RISPERDAL CONSTA 50 MG/2 ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 50 MG/2 ML INTRAMUSC. VIAL-1
04/01/2024	RISPERDAL CONSTA 37.5MG/2ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 37.5MG/2ML INTRAMUSC. VIAL-1
05/01/2024	LEVONORG-ETH ESTRAD-FE BISGLYC 0.1-0.02MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	NOT A PART D COVERED DRUG	

** 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. To find out how much you will pay for these drugs, please refer to your plan benefit documents, or call Customer Service at **1-877-672-8620** (TTY 711), daily from 8 a.m. to 8 p.m. local time.