

## Changes to the PDP Basic Formulary

The table below outlines formulary changes for the PDP Basic Formulary.

| Effective Date | Drug Name               | Reason  | Alternative Drug*   | Drug Copay** | Restrictions*** |
|----------------|-------------------------|---|---|--------------|-----------------|
| 4/1/2025       | Imbruvica Tablet 560 MG | Deletion -<br>Manufacturer<br>Discontinuation | Please talk to your health care provider about an alternative that may be right for you |              |                 |

Last Updated: 3/10/2025  
PDP BASIC 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.