

## Updates to Medica Drug List for Commercial Members

Effective July 1, 2024

Effective on July 1, 2024, the following changes will apply to the Medica Commercial Drug List (formulary).

### Removed from Formulary

*Prior Authorization Required for Medical Necessity*

Drug Name	Formulary Position	Preferred Alternatives
ADVAIR DISKUS	Removed from Formulary	fluticasone-salmeterol, WIXELA INHUB
COPAXONE	Removed from Formulary	glatiramer acetate, glatopa
ENDOMETRIN	Removed from Formulary	CRINONE 8%
RUBRACA	Removed from Formulary	LYNPARZA
ZEJULA	Removed from Formulary	LYNPARZA

NOTE: Coverage limitations may apply to these medications. Inclusion in this list does not imply coverage. Members should refer to their benefit plan document for further information.

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