Changes to Your Plan's Formulary
Updated 10/2024

The table below outlines changes to our formulary that may impact you. Please talk to your doctor to see if the alternative drug is right for you or to change to another medication for your treatment.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AMABELZ TAB 0.5-0.1 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 2	07/01/2024
AMABELZ TAB 1-0.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG	Tier 2	03/01/2024
AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML	Tier 1	10/01/2024
CEFACLOR SUS 125/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	Tier 1	02/01/2024
CEFACLOR SUS 375/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	Tier 1	02/01/2024
CEFTAZIDIME/ SOL D5W 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 1	02/01/2024
CEFTAZIDIME/ SOL D5W 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 1	02/01/2024
CIPROFLOXACIN HCL TAB 100 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CIPROFLOXACIN HCL TAB 250 MG	Tier 1	02/01/2024
CLINDAMYCIN INJ 300MG/2ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINDAMYCIN INJ 600MG/4ML	Tier 1	02/01/2024
CYCLOPHOSPHAMIDE INJ 2GM/4ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CYCLOPHOSPHAMIDE INJ 2GM/10ML	Tier 2	09/01/2024
CYCLOSPORINE INJ 50MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2024
EMCYT CAP 140MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		05/01/2024
ERYTHROCIN TAB 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN TAB 250MG EC	Tier 1	10/01/2024
EXKIVITY CAP 40MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		08/01/2024
FLEBOGAMMA DIF INJ 10GM/100ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML	Tier 2	03/01/2024
FLEBOGAMMA DIF INJ 2.5GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OCTAGAM INJ 2.5GM/50ML	Tier 2	03/01/2024
FLEBOGAMMA DIF INJ 20GM/200ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML	Tier 2	03/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
FLEBOGAMMA DIF INJ 5GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML	Tier 2	03/01/2024
GVOKE PFS INJ PREF SYRINGE 0.5 MG/0.1ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYPOPEN; GVOKE KIT	Tier 2	03/01/2024
HUMIRA PEDIA INJ CROHNS KIT 80 MG/0.8ML & 40 MG/0.4ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN STARTER KIT CD/UC/HS	Tier 2	08/01/2024
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN STARTER KIT CD/UC/HS	Tier 2	08/01/2024
HUMIRA PEN INJ CD/UC/HS	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN INJ 40MG/0.8ML	Tier 2	04/01/2024
HUMIRA PEN-PS/UV STARTER PNKT 40MG/0.8ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN INJ KIT 40 MG/0.8ML	Tier 2	08/01/2024
LEXIVA SUS 50MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FOSAMPRENAVIR TAB 700 MG	Tier 2	10/01/2024
NEVIRAPINE TAB ER 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB ER 400MG	Tier 1	02/01/2024
OLOPATADINE DROPS 0.1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AZELASTINE HCL OPHTH SOLN 0.05%	Tier 1	02/01/2024
PAROMOMYCIN CAP 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		04/01/2024
PENICILLIN G PROCAINE INJ SUSP 600000UNIT/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT	Tier 1	03/01/2024
RISPERDAL CONSTA INJ 12.5MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 12.5MG ER	Tier 1	05/01/2024
RISPERDAL CONSTA INJ 25MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 25MG ER	Tier 1	05/01/2024
RISPERDAL CONSTA INJ 37.5MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 37.5MG ER	Tier 2	05/01/2024
RISPERDAL CONSTA INJ 50MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 50MG ER	Tier 2	05/01/2024
STAVUDINE CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB; EMTRICITABINE CAP; LAMIVUDINE 150 MG, 300 MG TAB; ZIDOVUDINE TAB	Tier 1	01/01/2024
SYMJEPI INJ 0.15MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.15MG	Tier 1	02/01/2024
SYMJEPI INJ 0.3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.3MG	Tier 1	02/01/2024
SYNRIBO INJ 3.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ICLUSIG TAB; SCEMBLIX TAB	Tier 2	02/01/2024
TAZTIA XT CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DILTIAZEM HCL ER BEADS CAP; TIADYLT CAP	Tier 1	09/01/2024
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	Tier 2	01/01/2024
VANADOM TAB 350MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CARISOPRODOL TAB 350 MG	Tier 2	03/01/2024
VOTRIENT TAB 200MG	Deletion Of Drug From Formulary	Generic Available	PAZOPANIB HCL TAB 200 MG	Tier 2	05/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
VRAYLAR CAP 1.5-3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VRAYLAR CAP	Tier 2	06/01/2024
ZEJULA CAP 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ZEJULA TAB	Tier 2	09/01/2024
ZOLEDRONIC ACID IV SOLN 4 MG/100ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ZOLEDRONIC ACID INJ 4MG/5ML	Tier 1	10/01/2024

*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.