

Changes to your plan's Formulary

Updated 7/2025

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.

*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.

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|--|---------------------------------|------------------------------|--|--|-----------------------|
| 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 | 01/01/2025 |
| AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML | Tier 1 | 05/01/2025 |
| CORLANOR TAB | Deletion Of Drug From Formulary | Generic Available | IVABRADINE TAB | Tier 1 | 01/01/2025 |
| DROXIA CAP | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider | | 03/01/2025 |
| DUPIXENT INJ 100MG/0.67ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | DUPIXENT INJ 200MG/1.14ML | Tier 1 | 02/01/2025 |
| ENDARI POW 5GM | Deletion Of Drug From Formulary | Generic Available | L-GLUTAMINE POW 5GM | Tier 1 | 01/01/2025 |

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|--|---------------------------------|-------------------------------|--------------------------------------|--|-----------------------|
| ERYTHROCIN TAB 250MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ERYTHROMYCIN TAB 250MG BS | Tier 1 | 01/01/2025 |
| FENTANYL OT LOZ | Deletion Of Drug From Formulary | Manufacturer Discontinuation | MORPHINE SULFATE TAB | Tier 1 | 02/01/2025 |
| ISOSORBIDE MONONITRATE TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ISOSORB MONONITRATE TAB ER | Tier 1 | 05/01/2025 |
| LEENA TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ARANELLE TAB | Tier 1 | 05/01/2025 |
| LEUKERAN TAB 2MG | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | Consult Your Health Care Provider | | 01/01/2025 |
| LIBERVANT FILM | Deletion Of Drug From Formulary | Manufacturer Discontinuation | VALTOCO LIQD | Tier 1 | 07/01/2025 |
| MICROGESTIN 24 FE TAB 1-20 MG-MCG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HAILEY 24 FE TAB 1-20 MG-MCG | Tier 1 | 02/01/2025 |
| NATACYN SUS 5% OP | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | Consult Your Health Care Provider | | 01/01/2025 |
| NORETHINDRONE & ETHINYL ESTRADIOL-FE TAB CHEWABLE 0.8 MG-25MCG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | KAITLIB FE TAB CHEWABLE 0.8 MG-25MCG | Tier 1 | 05/01/2025 |
| NORETHINDRONE ACETATE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | MICROGESTIN TAB 1.5MG/30MCG | Tier 1 | 07/01/2025 |

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|------------------------------|---------------------------------|-------------------------------|--|--|-----------------------|
| NYMYO TAB 0.25MG-35MCG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NORGESTIMATE-ETHINYL ESTRADIOL TAB 0.25MG-35MCG | Tier 1 | 02/01/2025 |
| PREHEVBRIO SUS 10MCG/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ENGERIX-B INJ; HEPLISAV-B INJ; RECOMBIVAX HB INJ | Tier 1 | 03/01/2025 |
| SANDIMMUNE SOL 100MG/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CYCLOSPORINE CAP | Tier 1 | 01/01/2025 |
| SELZENTRY TAB 25MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SELZENTRY SOL 20MG/ML | Tier 1 | 02/01/2025 |
| SELZENTRY TAB 75MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SELZENTRY SOL 20MG/ML | Tier 1 | 02/01/2025 |
| SPRYCEL TAB | Deletion Of Drug From Formulary | Generic Available | DASATINIB TAB | Tier 1 | 02/01/2025 |
| TABLOID TAB 40MG | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | Consult Your Health Care Provider | | 01/01/2025 |
| TDVAX INJ 2-2 LF | Deletion Of Drug From Formulary | Manufacturer Discontinuation | TENIVAC INJ 5-2LF | Tier 1 | 03/01/2025 |
| TOBRADEX ST SUS 0.3-0.05% | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | TOBRAMYCIN-DEXAMETHASONE SUS 0.3-0.1% | Tier 1 | 01/01/2025 |
| VRAYLAR CAP 1.5-3MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | VRAYLAR CAP | Tier 1 | 02/01/2025 |
| ZERVIAE DRO 0.24% | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | AZELASTINE DRO 0.05% | Tier 1 | 01/01/2025 |
| ZYPREXA RELPREVV INJ | Deletion Of Drug From Formulary | Manufacturer Discontinuation | RISPERIDONE ER INJ | Tier 1 | 02/01/2025 |

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