

## Changes to Your Plan's Formulary

Updated 4/2024

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.

\*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
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 1	03/01/2024
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

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug(s) *</b>	<b>Alternative Drug(s) Cost-Sharing Tier</b>	<b>Effective Date</b>
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 1	03/01/2024
FLEBOGAMMA DIF INJ 2.5GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OCTAGAM INJ 2.5GM/50ML	Tier 1	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 1	03/01/2024
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 1	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 HYOPEN; GVOKE KIT	Tier 1	03/01/2024
HUMIRA PEN INJ CD/UC/HS	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN INJ 40MG/0.8ML	Tier 1	04/01/2024
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

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug(s) *</b>	<b>Alternative Drug(s) Cost-Sharing Tier</b>	<b>Effective Date</b>
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 1	05/01/2024
RISPERDAL CONSTA INJ 50MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 50MG ER	Tier 1	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 1	02/01/2024
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	Tier 1	01/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
VANADOM TAB 350MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CARISOPRODOL TAB 350 MG	Tier 1	03/01/2024
VOTRIENT TAB 200MG	Deletion Of Drug From Formulary	Generic Available	PAZOPANIB HCL TAB 200 MG	Tier 1	05/01/2024