

Changes to your plan's Formulary

Updated 3/2026

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.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
ABELCET INJ 5MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMPHOTERICIN B LIPOSOME IV FOR SUSP 50MG	Tier 1	01/01/2026
DIFICID TAB 200MG	Deletion Of Drug From Formulary	Generic Available	FIDAXOMICIN TAB 200MG	Tier 1	02/01/2026
ENTRESTO TAB	Deletion Of Drug From Formulary	Generic Available	SACUBITRIL-VALSARTAN TAB	Tier 1	01/01/2026
EPITOL TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CARBAMAZEPINE TAB 200 MG	Tier 1	01/01/2026
EPRONTIA SOL 25MG/ML	Deletion Of Drug From Formulary	Generic Available	TOPIRAMATE SOL 25MG/ML	Tier 1	01/01/2026
IXCHIQ INJ	Deletion Of Drug From Formulary	Market Removal	VIMKUNYA INJ 40MCG/0.8ML	Tier 1	01/01/2026
JYNARQUE TAB	Deletion Of Drug From Formulary	Generic Available	TOLVAPTAN TAB	Tier 1	01/01/2026
KELNOR 1/50 TAB 1 MG-50 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALTYA 1/50 TAB 1 MG-50 MCG	Tier 1	01/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
NEO-POLYCIN HC OPTH OINT 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BACITRACIN-POLYMYXIN-NEOMYCIN-HYDROCORTISONE OPTH OINT 1%	Tier 1	03/01/2026
NEO-POLYCIN OPTH OINT 5-400-10000	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEOMYCIN-BACITRACIN ZINC-POLYMYXIN OPTH OINT 5-400-10000	Tier 1	03/01/2026
OCELLA TAB 3-0.03MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG; SYEDA TAB 3-0.03MG; ZUMANDIMINE TAB 3-0.03MG	Tier 1	02/01/2026
OGSIVEO TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OGSIVEO TAB 100MG, 150MG	Tier 1	02/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
POLYCIN OPHTH OINT	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 1	03/01/2026
REGRANEX GEL 0.01%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		01/01/2026
SULFACETAMIDE SODIUM OPHTH OINT 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SULFACETAMIDE SODIUM OPHTH SOLN 10%	Tier 1	03/01/2026
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1	02/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1	02/01/2026
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1	02/01/2026
TOBRAMYCIN SULFATE INJ 2GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TOBRAMYCIN SULFATE INJ 80MG/2ML	Tier 1	02/01/2026
VIGPODER POW 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VIGABATRIN PAK 500MG; VIGADRONE POW 500MG	Tier 1	02/01/2026
XARELTO SUSP 1MG/ML	Deletion Of Drug From Formulary	Generic Available	RIVAROXABAN SUSP 1MG/ML	Tier 1	01/01/2026

*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.