



Formulary (Drug List) Changes

This document lists the changes made to Independent Health commercial formularies (drug list). Whether you're a member with a plan through your employer or you purchased an individual or family plan through the NY State of Health: The Official Health Plan Marketplace, changes made to your formulary will be listed here.

This list is meant to inform members of both upcoming and past formulary changes. Please take note of the effective date of each change. If you are impacted by a formulary change, that change will not affect you until your plan renews the following year.

Depending on the effective date, the current posted formulary may not match what's listed here. This list tracks changes for a 12-month period.

This list is current as of July 1, 2024.

Understanding this list

- **Generic drugs, biological products and biosimilars:** Generic drugs are listed in lower case (i.e., fluticasone-salmeterol), while brand name drugs are capitalized (i.e., ADVAIR HFA).
- **Non-formulary:** Non-formulary drugs are those that are removed from the formulary. They will not be covered under your plan. Non-formulary drugs are listed as "NF".
 - An alternative formulary drug may be available to treat your condition. These will also be listed. Talk to your doctor about the alternative(s) to see if it's right for you.
- **Tier change:** Drugs may change tiers if a generic equivalent or interchangeable biological product becomes available. When this happens, the current and new tier will be listed.
- **Prior-Authorization:** Independent Health requires you to get prior authorization for certain drugs. To obtain coverage for a drug requiring prior authorization, a prior authorization request for medical exception must be submitted by your health care provider and approved by Independent Health. Drugs that require prior authorization are listed with a "PA".
- **Step Therapy:** In some cases, Independent Health requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. Step therapy is a way to help you get the best quality and value from your prescription benefit. This usually means that an equally effective generic drug is prescribed before a more expensive brand-name drug. Step therapy may also ensure that two drugs are used together if they are more effective. Drugs that require step therapy are listed with a "ST".
- **Quantity Limitations:** Quantity limitations may apply to certain drugs. Some drugs are covered up to a specific quantity per 30 or 90 days. If a quantity limit applies to a drug, a "QL" is listed.

Non-formulary

| Drug Name / strength /dose form | Prior to change | Type of Change | Date of Change | Alternative(s) | Impacted Formulary |
|--|------------------------|-----------------------|-----------------------|--|---|
| ZELAPAR ORAL TABLET | Tier 2 | NF | 9/29/2023 | selegiline oral tablet | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| tolcapone oral tablet | Tier 3 | NF | 10/2/2023 | entacapone oral tablet | Drug Formulary I |
| prednisolone 5mg tablet | Tier 3 | NF | 1/1/2024 | prednisolone 15mg/5mL oral solution | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| azathioprine 75mg tab | Tier 2 | NF | 1/1/2024 | azathioprine 50mg tab | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| azathioprine 100mg tab | Tier 2 | NF | 1/1/2024 | azathioprine 50mg tab | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| CLEOCIN 100mg vaginal suppository | Tier 2 | NF | 1/1/2024 | clindamycin vaginal cream | Drug Formulary I |
| CLEOCIN 100mg vaginal suppository | Tier 3 | NF | 1/1/2024 | clindamycin vaginal cream | Drug Formulary II, Drug Formulary III |
| metaxalone 400mg tablet | Tier 3 | NF | 3/1/2024 | metaxalone 800mg scored tablet | Drug Formulary I |
| metaxalone 400mg tablet | Tier 2 | NF | 3/1/2024 | metaxalone 800mg scored tablet | Drug Formulary II, Drug Formulary III |
| Gralise 450mg tablet | Tier 3, ST | NF | 3/1/2024 | gabapentin immediate-release capsule or tablet; or gabapentin extended-release 300 mg or 600 mg tablet | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Gralise 750mg tablet | Tier 3, ST | NF | 3/1/2024 | gabapentin immediate-release capsule or tablet; or gabapentin extended-release 300 mg or 600 mg tablet | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Gralise 900mg tablet | Tier 3, ST | NF | 3/1/2024 | gabapentin immediate-release capsule or tablet; or gabapentin extended-release 300 mg or 600 mg tablet | Drug Formulary I, Drug Formulary II, Drug Formulary III |

| Drug Name / strength /dose form | Prior to change | Type of Change | Date of Change | Alternative(s) | Impacted Formulary |
|---|------------------------|-----------------------|-----------------------|--|---|
| Ravicti Oral Liquid 1.1gm/ml | Tier 3, PA | NF | 3/1/2024 | pheburane oral pellet | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Restasis Multidose | Tier 2 | NF | 4/1/2024 | cyclosporin ophthalmic emulsion 0.05% | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| QSYMIA 3.75-23mg ER capsule | Tier 3, PA | NF | 4/1/2024 | Wegovy, Zepbound, Saxenda, or Contrave | Drug Formulary I |
| QSYMIA 7.5-46mg ER capsule | Tier 3, PA | NF | 4/1/2024 | Wegovy, Zepbound, Saxenda, or Contrave | Drug Formulary I |
| QSYMIA 11.25-69mg ER capsule | Tier 3, PA | NF | 4/1/2024 | Wegovy, Zepbound, Saxenda, or Contrave | Drug Formulary I |
| QSYMIA 15-92mg ER capsule | Tier 3, PA | NF | 4/1/2024 | Wegovy, Zepbound, Saxenda, or Contrave | Drug Formulary I |
| QSYMIA 3.75-23mg ER capsule | Tier 3, PA | NF | 4/1/2024 | Wegovy, Zepbound, Saxenda, or Contrave | Drug Formulary II, Drug Formulary III |
| QSYMIA 7.5-46mg ER capsule | Tier 3, PA | NF | 4/1/2024 | Wegovy, Zepbound, Saxenda, or Contrave | Drug Formulary II, Drug Formulary III |
| QSYMIA 11.25-69mg ER capsule | Tier 3, PA | NF | 4/1/2024 | Wegovy, Zepbound, Saxenda, or Contrave | Drug Formulary II, Drug Formulary III |
| QSYMIA 15-92mg ER capsule | Tier 3, PA | NF | 4/1/2024 | Wegovy, Zepbound, Saxenda, or Contrave | Drug Formulary II, Drug Formulary III |
| Androderm Transdermal Patch 2mg/24 Hour | Tier 2, PA | NF | 6/1/2024 | testosterone topical gel | Drug Formulary I, Drug Formulary II, Drug Formulary III |
| Androderm Transdermal Patch 4mg/24 Hour | Tier 2, PA | NF | 6/1/2024 | testosterone topical gel | Drug Formulary I, Drug Formulary II, Drug Formulary III |

Tier change

| Drug Name / Strength /Dose form | Type of Change | Date of Change | Current Tier | New Tier | Impacted Formulary |
|--|-----------------------|-----------------------|---------------------|-----------------|---|
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier change | 8/1/2023 | Tier 2, PA | Tier 3, PA | Drug Formulary II |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier change | 8/2/2023 | Tier 2, PA | Tier 3, PA | Drug Formulary II |
| AZELEX 20% cream | Tier change | 1/1/2024 | Tier 2 | Tier 3 | Drug Formulary I |
| cephalexin cap 750 mg | Tier change | 1/1/2024 | Tier 1 | Tier 3 | Drug Formulary I |
| cefixime cap 400 mg | Tier change | 1/1/2024 | Tier 1 | Tier 3 | Drug Formulary I, Drug Formulary III |
| cefixime cap 400 mg | Tier change | 1/1/2024 | Tier 2 | Tier 3 | Drug Formulary II |
| cefixime oral susp 100mg/5mL | Tier change | 1/1/2024 | Tier 1 | Tier 3 | Drug Formulary I, Drug Formulary III |
| cefixime oral susp 100mg/5mL | Tier change | 1/1/2024 | Tier 2 | Tier 3 | Drug Formulary II |
| cefixime oral susp 200mg/5mL | Tier change | 1/1/2024 | Tier 1 | Tier 3 | Drug Formulary I, Drug Formulary III |
| cefixime oral susp 200mg/5mL | Tier change | 1/1/2024 | Tier 2 | Tier 3 | Drug Formulary II |
| erythromycin ethylsuccinate tab 400mg | Tier change | 1/1/2024 | Tier 1 | Tier 3 | Drug Formulary I, Drug Formulary III |
| erythromycin ethylsuccinate tab 400mg | Tier change | 1/1/2024 | Tier 2 | Tier 3 | Drug Formulary II |
| amoxicillin & k clavulanate tab ER 12hr 1000-62.5 mg | Tier change | 1/1/2024 | Tier 1 | Tier 3 | Drug Formulary I, Drug Formulary II, Drug Formulary III |