



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 September 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
Praluent Inj 75mg/ml	Tier 2, PA	NF	10/1/2024	Repatha	Drug Formulary I, Drug Formulary II, Drug Formulary III
Praluent Inj 150mg/ml	Tier 2, PA	NF	10/1/2024	Repatha	Drug Formulary I, Drug Formulary II, Drug Formulary III
Tremfya 100mg/ml prefilled syringe	Tier 2, PA	NF	12/1/2024	adalimumab-adaz, adalimumab-adbm, Enbrel, Hadlima, Otezla, Simlandi, Skyrizi, Taltz	Drug Formulary I, Drug Formulary II, Drug Formulary III
Tremfya 100mg/ml autoinjector	Tier 2, PA	NF	12/1/2024	adalimumab-adaz, adalimumab-adbm, Enbrel, Hadlima, Otezla, Simlandi, Skyrizi, Taltz	Drug Formulary I, Drug Formulary II, Drug Formulary III

Descovy 200-25mg	Tier 3, PA	NF	12/1/2024	emtricitabine-tenofovir df	Drug Formulary I, Drug Formulary II, Drug Formulary III
Descovy 120-15mg	Tier 3, PA	NF	12/1/2024	emtricitabine-tenofovir df	Drug Formulary I, Drug Formulary II, Drug Formulary III
Dovato 50-300mg	Tier 3, PA	NF	12/1/2024	abacavir, lamivudine, tenofovir disoproxil fumarate, efavirenz, abacavir-lamivudine, emtricitabine-tenofovir df	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