CareFirst BlueCross BlueShield
Medicare Advantage
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Cambios en el formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)

CareFirst BlueCross BlueShield Group Advantage (PPO) podrá remover de inmediato un medicamento de marca de su Lista de Medicamentos si lo reemplaza con un nuevo medicamento genérico, que aparecerá en el mismo nivel de costo compartido o en un nivel inferior y con las mismas o menos restricciones. O, al agregar el nuevo medicamento genérico, podrá decidir mantener el medicamento de marca en su lista de medicamentos, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones. Es posible que no se le informe con anticipación antes de realizar ese cambio, pero luego se le proporcionará información sobre los cambios específicos realizados. Además, si la Administración de Alimentos y Medicamentos considera que un medicamento de su formulario no es seguro o el fabricante del medicamento lo retira del mercado, podrán eliminarlo inmediatamente de su formulario y notificar a los miembros que lo tomen.

Antes de realizar otros cambios durante el año en su lista de medicamentos que afecten a los miembros que actualmente toman un medicamento y que requieran notificación previa, notificaremos a los miembros afectados sobre el cambio al menos 30 días antes de que entre en vigencia, o en el momento en el que el miembro solicite un reabastecimiento del medicamento, momento en el que recibirá un suministro del medicamento para un mes.

Si se ve afectado por un cambio en la cobertura o restricción de medicamentos, según el tipo de cambio, es posible que haya diferentes opciones a considerar. Por ejemplo:

> Es posible que pueda utilizar otro medicamento de nuestra Lista de Medicamentos para tratar su afección médica. A continuación se proporcionan medicamentos alternativos para ayudar a su médico a encontrar un medicamento cubierto que pueda funcionar para usted. Pregúntele a su médico si alguno de los posibles medicamentos alternativos es adecuado para usted.
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> Usted, su médico o su representante autorizado también pueden solicitar una excepción. El aviso que se le proporcionará también incluirá información sobre los pasos para solicitar una excepción. Para obtener más información sobre las decisiones de cobertura y cómo solicitar una excepción, consulte su *Evidencia de cobertura* o llame a Atención al cliente al 855-290-5744 (TTY: 711), 12 horas al día, 7 días a la semana.

CareFirst BlueCross BlueShield Medicare Advantage es el nombre comercial de CareFirst Advantage PPO Inc., un licenciatario independiente de Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® y los símbolos de la Cruz y el Escudo son marcas de servicio registradas de Blue Cross and Blue Shield Association, una asociación de planes independientes de Blue Cross y Blue Shield.

La siguiente tabla describe los cambios en el formulario que podrían afectarlo.

Nombre del medicamento afectado	Descripción de cambio	Razón para el cambio	Medicamento(s) alternativo(s) *	Nivel de costo compartido de medicamento(s) alternativo(s)	Fecha de entrada en vigencia
ACIPHEX TAB 20MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	RABEPRAZOLE TAB 20MG	Tier 1	01/01/2025
AEMCOLO TAB 194MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XIFAXAN TAB 200MG	Tier 3	01/02/2025
ALTABAX OIN 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MUPIROCIN OIN 2%	Tier 1	01/02/2025
ALTACE CAP 1.25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RAMIPRIL CAP 1.25MG	Tier 1	01/03/2025
ALTACE CAP 10MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RAMIPRIL CAP 10MG	Tier 1	01/10/2025
ALTACE CAP 2.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RAMIPRIL CAP 2.5MG	Tier 1	01/04/2025
ALTACE CAP 5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RAMIPRIL CAP 5MG	Tier 1	01/03/2025
ALTOPREV TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LOVASTATIN TAB	Tier 1	01/08/2025
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	01/05/2025
AMZEEQ AER 4%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	CLINDAMYCIN AER 1%	Tier 1	01/01/2025
ANDROGEL GEL 1.62%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TESTOSTERONE GEL 1.62%	Tier 1	01/05/2025
ASPRUZYO SPRINKLE PACK 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RANOLAZINE TAB ER	Tier 1	01/04/2025
AVAPRO TAB 75MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	IRBESARTAN TAB 75MG	Tier 1	01/06/2025
AVODART CAP 0.5MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	DUTASTERIDE CAP 0.5MG	Tier 1	01/01/2025
BENTYL INJ 10MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DICYCLOMINE INJ 10MG/ML	Tier 3	01/05/2025
BETIMOL SOL 0.25% OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TIMOLOL MALEATE OPHTH SOLN 0.25%	Tier 1	01/09/2025

Nombre del medicamento afectado	Descripción de cambio	Razón para el cambio	Medicamento(s) alternativo(s) *	Nivel de costo compartido de medicamento(s) alternativo(s)	Fecha de entrada en vigencia
BRONCHITOL CAP 40MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/10/2025
CALQUENCE CAP 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CALQUENCE TAB 100MG	Tier 4	01/10/2025
CETRAXAL SOL 0.2%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	OFLOXACIN OTIC SOL 0.3%	Tier 1	01/01/2025
CLEMASZ TAB 2.68MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLEMASTINE TAB 2.68MG	Tier 2	01/08/2025
CLOZARIL TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLOZAPINE TAB 200MG	Tier 1	01/02/2025
CLOZARIL TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLOZAPINE TAB 50MG	Tier 1	01/02/2025
COREG CR CAP	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	CARVEDILOL CAP ER	Tier 1	01/01/2025
COREG TAB	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	CARVEDILOL TAB	Tier 1	01/01/2025
CORLANOR TAB	Tier Increase	Generic Available	IVABRADINE TAB	Tier 1	01/01/2025
CUBICIN RF INJ 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DAPTOMYCIN INJ 500MG	Tier 4	01/05/2025
DELZICOL CAP 400MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MESALAMINE CAP 400MG DR	Tier 1	01/04/2025
DESOGESTREL-ETHINYL ESTRADIOL TAB 0.15-0.02/0.01 MG (21/5)	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KARIVA TAB 0.15-0.02/0.01 MG (21/5)	Tier 1	01/08/2025
DETROL LA CAP 4MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TOLTERODINE CAP 4MG ER	Tier 1	01/05/2025
DIFLUCAN TAB 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLUCONAZOLE TAB 100MG	Tier 1	01/10/2025
DIFLUCAN TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLUCONAZOLE TAB 200MG	Tier 1	01/03/2025
DROXIA CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		01/03/2025
DUPIXENT INJ 100MG/0.67ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DUPIXENT INJ 200MG/1.14ML	Tier 4	01/02/2025
EFUDEX CRE 5%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLUOROURACIL CRE 5%	Tier 1	01/02/2025
ENTRESTO TAB	Tier Increase	Generic Available	SACUBITRIL-VALSARTAN TAB	Tier 1	01/10/2025

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ERYGEL GEL 2%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN GEL 2%	Tier 1	01/05/2025
ERYTHROCIN TAB 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN TAB 250MG BS	Tier 1	01/01/2025
ESTROGEL GEL 0.06%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	ESTRADIOL GEL 0.06%	Tier 3	01/01/2025
EUTHYROX TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1	01/09/2025
EXSERVAN MIS 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RILUZOLE TAB 50MG	Tier 1	01/01/2025
FENTANYL CITRATE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE TAB	Tier 1	01/02/2025
FENTANYL OT LOZ	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE TAB	Tier 1	01/02/2025
FENTORA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE TAB	Tier 1	01/02/2025
FERRIPROX TAB 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DEFERIPRONE TAB 500MG	Tier 4	01/06/2025
FLAGYL CAP 375MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METRONIDAZOLE CAP 375 MG	Tier 1	01/03/2025
FLOMAX CAP 0.4MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TAMSULOSIN CAP 0.4MG	Tier 1	01/06/2025
GELNIQUE GEL 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OXYBUTYNIN TAB ER	Tier 1	01/03/2025
HELIDAC MIS THERAPY	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMOXICILLIN-CLARITHROMYCIN-LANSOPRAZOLE ORAL THERAPY PACK 500 &500 &30MG	Tier 1	01/10/2025
ISOSORBIDE MONONITRATE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ISOSORB MONONITRATE TAB ER	Tier 1	01/05/2025
IXCHIQ INJ	Deletion Of Drug From Formulary	Market Removal	VIMKUNYA INJ 40MCG/0.8ML	Tier 1	01/10/2025
LACRISERT MIS 5MG OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MIEBO; RESTASIS; XIIDRA; EYSUVIS	Tier 2 / Tier 2 / Tier 2 / Tier 3	01/01/2025
LEENA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ARANELLE TAB	Tier 1	01/05/2025
LEUKERAN TAB 2MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025

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LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIVELSA TAB; ROSYRAH TAB	Tier 1	01/09/2025
LIBERVANT FILM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALTOCO LIQD	Tier 3	01/07/2025
LUNESTA TAB	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	ESZOPICLONE TAB	Tier 3	01/01/2025
MICARDIS TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TELMISARTAN TAB	Tier 1	01/03/2025
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	01/02/2025
MORPHINE SUL INJ 8MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SUL INJ 4MG/ML	Tier 3	01/10/2025
MS CONTIN TAB 100MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE TAB 100MG ER	Tier 1	01/05/2025
MS CONTIN TAB 200MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE TAB ER 200 MG	Tier 1	01/06/2025
MYAMBUTOL TAB 400MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETHAMBUTOL TAB 400MG	Tier 1	01/01/2025
MYCOBUTIN CAP 150MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIFABUTIN CAP 150MG	Tier 1	01/08/2025
NAFTIN GEL 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NAFTIFINE CRE HCL 1%	Tier 1	01/02/2025
NAMENDA XR CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MEMANTINE HCL CAP ER	Tier 1	01/01/2025
NATACYN SUS 5% OP	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025
NATESTO GEL 5.5MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TESTOSTERONE TD GEL	Tier 1	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	01/05/2025
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MICROGESTIN TAB FE 1/20; AUROVELA FE TAB 1/20; LARIN FE TAB 1/20; LOESTRIN FE TAB 1/20; TARINA FE TAB 1/20 EQ; FEIRZA TAB 1/20; JUNEL FE TAB 1/20	Tier 1	01/10/2025

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NORETHINDRONE ACETATE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MICROGESTIN TAB 1.5MG/30MCG	Tier 1	01/07/2025
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XARAH FE TAB; TRI-LEGEST FE TAB; XARAH FE TAB	Tier 1	01/10/2025
NUVESSA GEL 1.3%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	METRONIDAZOLE VAG GEL 0.75%	Tier 1	01/01/2025
NYMYO TAB 0.25MG-35MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORGESTIMATE-ETHINYL ESTRADIOL TAB 0.25MG-35MCG	Tier 1	01/02/2025
ORALAIR SUB 300 IR	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025
OXACILLIN INJ 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OXACILLIN INJ 2GM	Tier 3	01/02/2025
OXBRYTA TAB	Deletion Of Drug From Formulary	Market Removal	L-GLUTAMINE ORAL POWDER 5GM	Tier 4	01/01/2025
PANDEL CRE 0.1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE VALERATE CRE 0.2%	Tier 1	01/02/2025
PAXIL SUSP 10MG/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PAROXETINE SUSP 10MG/5ML	Tier 3	01/03/2025
PEMETREXED INJ 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PEMETREXED SOL 100MG/4ML	Tier 4	01/10/2025
PEMETREXED INJ 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PEMETREXED SOL 500MG/20ML	Tier 4	01/10/2025
PLASMA-LYTE INJ -148	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MULTIPLE ELECTRO INJ PH 5.5	Tier 1	01/09/2025
PREHEVBRIO SUS 10MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ENGERIX-B INJ; HEPLISAV-B INJ; RECOMBIVAX HB INJ	Tier 1	01/03/2025
QUALAQUIN CAP 324MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	QUININE SULFATE CAP 324 MG	Tier 1	01/03/2025
RAPAMUNE SOL 1MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SIROLIMUS SOL 1MG/ML	Tier 4	01/02/2025
RAPAMUNE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SIROLIMUS TAB	Tier 1	01/08/2025
REGRANEX GEL 0.01%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		01/10/2025

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REVATIO SUS 10MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SILDENAFIL SUS 10MG/ML	Tier 4	01/01/2025
SANDIMMUNE SOL 100MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CYCLOSPORINE CAP	Tier 1	01/01/2025
SEGLENTIS TAB 56-44MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRAMADOL-ACETAMINOPHEN TAB 37.5-325MG	Tier 1	01/02/2025
SELZENTRY TAB 25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SELZENTRY SOL 20MG/ML	Tier 4	01/02/2025
SELZENTRY TAB 75MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SELZENTRY SOL 20MG/ML	Tier 4	01/02/2025
SLYND TAB 4MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	NORETHINDRONE TAB 0.35MG	Tier 1	01/01/2025
SPORANOX SOL 10MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ITRACONAZOLE SOL 10MG/ML	Tier 4	01/05/2025
SYNDROS SOL 5MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DRONABINOL CAP	Tier 1	01/01/2025
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	01/03/2025
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
TOLAK CRE 4%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	FLUOROURACIL CRE 5%	Tier 1	01/01/2025
TRECATOR TAB 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		01/10/2025
TRILIPIX CAP 135MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CHOLINE FENOFIBRATE CAP DR 135 MG	Tier 1	01/03/2025
TRILIPIX CAP 45MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FENOFIBRIC ACID CAP DR 45MG	Tier 1	01/05/2025
TRIVORA-28 TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.05-30/0.075-40/0.125-30MG-MCG; ENPRESSE-28 TAB; LEVONEST TAB	Tier 1	01/09/2025
TYBLUME CHW 0.1-20 MG-MCG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.1-20 MG-MCG	Tier 1	01/01/2025
VALIUM TAB	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	DIAZEPAM TAB	Tier 1	01/01/2025

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VERELAN CAP 120MG SR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VERAPAMIL CAP 120MG ER	Tier 1	01/10/2025
VERELAN CAP 180MG SR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VERAPAMIL CAP 180MG ER	Tier 1	01/10/2025
VERELAN CAP 240MG SR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VERAPAMIL CAP 240MG ER	Tier 1	01/10/2025
VERELAN CAP 360MG SR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VERAPAMIL CAP 360MG SR	Tier 1	01/10/2025
VFEND TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VORICONAZOLE TAB 200MG	Tier 1	01/02/2025
VISTARIL CAP 25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROXYZINE PAMOATE CAP 25 MG	Tier 2	01/02/2025
VRAYLAR CAP 1.5-3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VRAYLAR CAP	Tier 4	01/02/2025
ZANAFLEX CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TIZANIDINE CAP	Tier 1	01/04/2025
ZERVIATE DRO 0.24%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	AZELASTINE DRO 0.05%	Tier 1	01/01/2025
ZETONNA AER 37MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OMNARIS SPR	Tier 3	01/01/2025
ZIAC TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BISOPROLOL-HYDROCHLOROTHIAZIDE TAB	Tier 1	01/01/2025
ZILXI AER 1.5%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	METRONIDAZOLE CRE 0.75%; METRONIDAZOLE GEL 0.75%	Tier 1	01/01/2025
ZONTIVITY TAB 2.08MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLOPIDOGREL TAB 75MG; PRASUGREL TAB; BRILINTA TAB	Tier 1 / Tier 1 / Tier 2	01/01/2025
ZYPREXA RELPREVV INJ	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RISPERIDONE ER INJ	Tier 1 / Tier 4	01/02/2025
ZYPREXA TAB 10MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OLANZAPINE TAB 10MG	Tier 1	01/02/2025
ZYPREXA TAB 15MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OLANZAPINE TAB 15MG	Tier 1	01/02/2025
ZYPREXA TAB 2.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OLANZAPINE TAB 2.5MG	Tier 1	01/02/2025
ZYPREXA TAB 5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OLANZAPINE TAB 5MG	Tier 1	01/02/2025
ZYPREXA TAB 7.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OLANZAPINE TAB 7.5MG	Tier 1	01/02/2025

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ZYPREXA ZYDIS TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OLANZAPINE TAB ODT	Tier 1	01/02/2025

*Los medicamentos alternativos son medicamentos que podría considerar con su médico. Sólo su médico puede determinar medicamentos alternativos que sean apropiados para usted dada la naturaleza individualizada de la terapia con medicamentos. Consulte a su médico para confirmar si este es un medicamento adecuado para usted.