ConnectiCare

Formulary Changes Effective January 1, 2027

Drug Name	Description of Formulary Change	Notes/Alternatives
Acetazolamide ER Capsule 500 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Actemra Inj 162 Mg/0.9 Ml	Removed from Formulary	Avtozma; Tyenne Injection
Actemra Inj 200 Mg/10 Ml	Removed from Formulary	Avtozma; Tyenne Injection
Actemra Inj 400 Mg/20 Ml	Removed from Formulary	Avtozma; Tyenne Injection
Actemra Inj 80 Mg/4 Ml	Removed from Formulary	Avtozma; Tyenne Injection
Actemra Inj Actpen	Removed from Formulary	Avtozma; Tyenne Injection
Amphotericin Injection 50 Mg	Adding to Formulary, Specialty Tier	
Aptiom Tablet 200 Mg	Removed from Formulary	Generic Eslicarbazepine Tablet
Aptiom Tablet 400 Mg	Removed from Formulary	Generic Eslicarbazepine Tablet
Aptiom Tablet 600 Mg	Removed from Formulary	Generic Eslicarbazepine Tablet
Aptiom Tablet 800 Mg	Removed from Formulary	Generic Eslicarbazepine Tablet
Besivance Ophthalmic Suspension 0.6%	Removed from Formulary	Generic Besifloxacin Ophthalmic Suspension
Betamethasone Valerate Lotion 0.1%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Brilinta Tablet 60 Mg	Removed from Formulary	Generic Ticagrelor Tablet
Brilinta Tablet 90 Mg	Removed from Formulary	Generic Ticagrelor Tablet
Briviact Oral Solution 10 Mg/Ml	Removed from Formulary	Generic Brivaracetam Oral Solution
Briviact Tablet 10 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Briviact Tablet 100 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Briviact Tablet 25 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Briviact Tablet 50 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Briviact Tablet 75 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Budesonide Inhalation Suspension 0.25 Mg/2 Ml	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Budesonide Inhalation Suspension 0.5 Mg/2 Ml	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Budesonide Inhalation Suspension 1 Mg/2 Ml	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Clobetasol Cream 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Clobetasol Emollient Cream 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Clobetasol Gel 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply

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Drug Name	Description of Formulary Change	Notes/Alternatives
Clobetasol Lotion 0.05%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Clobetasol Ointment 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Clobetasol Solution 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Complera Tablet	Removed from Formulary	Generic Emtricitabine/Rilpivirine/Tenofovir Tablet
Daunorubicin Injection 20 Mg/4 Ml	Adding to Formulary, Specialty Tier	
Desonide Lotion 0.05%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Desoximetasone Cream 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Desoximetasone Cream 0.25%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Desoximetasone Ointment 0.25%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Dexcom G6 Device Receiver	Removed from Formulary	Dexcom G7 System
Dexcom G6 Device Sensor	Removed from Formulary	Dexcom G7 System
Dexcom G6 Device Transmitter	Removed from Formulary	Dexcom G7 System
Dificid Tablet 200 Mg	Removed from Formulary	Generic Fidaxomicin Tablet
Dilantin Capsule 100 Mg	Removed from Formulary	Generic Phenytoin ER Capsule
Doxycycline Hyclate Tablet 20 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Edurant Tablet 25 Mg	Removed from Formulary	Generic Rilpivirine Tablet
Eltrombopag Tablet 12.5 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Eltrombopag Tablet 25 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Eltrombopag Tablet 50 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Eltrombopag Tablet 75 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Entresto Tablet 24/26 Mg	Removed from Formulary	Generic Sacubitril-Valsartan Tablet
Entresto Tablet 49/51 Mg	Removed from Formulary	Generic Sacubitril-Valsartan Tablet
Entresto Tablet 97/103 Mg	Removed from Formulary	Generic Sacubitril-Valsartan Tablet
Esomeprazole Injection 40 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	
Ezetimibe/Simvastatin Tablet 10/10 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier with Prior Authorization	

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Drug Name	Description of Formulary Change	Notes/Alternatives
Ezetimibe/Simvastatin Tablet 10/20 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier with Prior Authorization	
Ezetimibe/Simvastatin Tablet 10/40 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier with Prior Authorization	
Ezetimibe/Simvastatin Tablet 10/80 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier with Prior Authorization	
Farxiga Tablet 10 Mg	Removed from Formulary	Generic Dapagliflozin Tablet
Farxiga Tablet 5 Mg	Removed from Formulary	Generic Dapagliflozin Tablet
Fluocinolone Cream 0.01%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Fluocinolone Solution 0.01%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Formoterol Fumarate Nebu 20 Mcg/2 Ml	Adding to Formulary, Non-Preferred Generic Tier	Quantity Limits Apply
Fulphila Prefilled Syringe Injection 6 Mg/0.6 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Fulvestrant Pfs 250 Mg/5 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Fycompa Tablet 10 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 12 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 2 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 4 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 6 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 8 Mg	Removed from Formulary	Generic Perampanel Tablet
Gleostine Capsule 10 Mg	Removed from Formulary	Generic Lomustine Capsule
Gleostine Capsule 100 Mg	Removed from Formulary	Generic Lomustine Capsule
Gleostine Capsule 40 Mg	Removed from Formulary	Generic Lomustine Capsule
Glydo Topical Gel 2%	Removed from Formulary	Xeroburn Topical Gel
Halobetasol Cream 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Halobetasol Ointment 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Humulin R U-500 Injection 500 Units/Ml	Removed from Formulary	Humulin R U-500 Kwikpen Injection
Hydrocortisone Acetate Ointment 1%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Hydrocortisone Butyrate Ointment 0.1%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Hydrocortisone Enema 100 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply

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Drug Name	Description of Formulary Change	Notes/Alternatives
Hydrocortisone Valerate Ointment 0.2%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Ivermectin Cream 1%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Janumet Tablet 50-1000 Mg	Removed from Formulary	Generic Sitagliptin-Metformin Tablet
Janumet Tablet 50-500 Mg	Removed from Formulary	Generic Sitagliptin-Metformin Tablet
Janumet Extended-Release Tablet 50-500 Mg	Removed from Formulary	Generic Sitagliptin-Metformin ER Tablet
Janumet Extended-Release Tablet 50-1000 Mg	Removed from Formulary	Generic Sitagliptin-Metformin ER Tablet
Janumet Extended-Release Tablet 100-1000 Mg	Removed from Formulary	Generic Sitagliptin-Metformin ER Tablet
Januvia Tablet 100 Mg	Removed from Formulary	Generic Sitagliptin Phosphate Tablet
Januvia Tablet 25 Mg	Removed from Formulary	Generic Sitagliptin Phosphate Tablet
Januvia Tablet 50 Mg	Removed from Formulary	Generic Sitagliptin Phosphate Tablet
Kisqali Tablet 200 Mg Dose Pack	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Kisqali Tablet 400 Mg Dose Pack	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Kisqali Tablet 600 Mg Dose Pack	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Lanoxin Tablet 0.125 Mg	Removed from Formulary	Generic Digoxin Tablet
Lanoxin Tablet 0.25 Mg	Removed from Formulary	Generic Digoxin Tablet
Levemir Injection	Removed from Formulary	Basaglar Kwikpen; Insulin Glargine-YFGN Injection
Levemir Injection Flextouch	Removed from Formulary	Basaglar Kwikpen; Insulin Glargine-YFGN Injection
Lumigan Ophthalmic Solution 0.01%	Removed from Formulary	Generic Bimatoprost Ophthalmic Solution
Menest Tablet 0.3 Mg	Removed from Formulary	Conjugated Estrogens Tablet
Menest Tablet 0.625 Mg	Removed from Formulary	Conjugated Estrogens Tablet
Menest Tablet 1.25 Mg	Removed from Formulary	Conjugated Estrogens Tablet
Menest Tablet 2.5 Mg	Removed from Formulary	Conjugated Estrogens Tablet
Meropenem Injection 500 Mg	Adding to Formulary, Specialty Tier	
Methylphenidate Chewable Tablet 10 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
Methylphenidate Chewable Tablet 2.5 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Methylphenidate Chewable Tablet 5 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Mirtazapine ODT Tablet 15 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Mirtazapine ODT Tablet 30 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Mirtazapine ODT Tablet 45 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Mirtazapine Tablet 7.5 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Mitoxantrone Injection 2 Mg/Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Nebivolol Tablet 10 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Nebivolol Tablet 2.5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Nebivolol Tablet 20 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Nebivolol Tablet 5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Nubeqa Tablet 300 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Nucynta Immediate-Release Tablet 100 Mg	Removed from Formulary	Generic Tapentadol Tablet
Nucynta Immediate-Release Tablet 50 Mg	Removed from Formulary	Generic Tapentadol Tablet
Nucynta Immediate-Release Tablet 75 Mg	Removed from Formulary	Generic Tapentadol Tablet
Nulev Tablet 0.125 Mg	Removed from Formulary	Generic Hyoscyamine Tablet
Ofev Capsule 100 Mg	Removed from Formulary	Generic Nintedanib Capsule
Ofev Capsule 150 Mg	Removed from Formulary	Generic Nintedanib Capsule
Omega-3 Acid Ethyl Esters Capsule 1 G	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Opsumit Tablet 10 Mg	Removed from Formulary	Generic Macitentan Tablet
Orphenadrine/Aspirin/Caffeine Tablet 25-385-30 Mg	Adding to Formulary, Non-Preferred Generic Tier	Quantity Limits Apply
Oscimin Sublingual Tablet 0.125 Mg	Removed from Formulary	Generic Hyoscyamine Sublingual Tablet
Oscimin Tablet 0.125 Mg	Removed from Formulary	Generic Hyoscyamine Tablet
Otovel Otic Solution 0.3%-0.025%	Removed from Formulary	Generic Ciprofloxacin-Fluocinolone Otic Solution

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Drug Name	Description of Formulary Change	Notes/Alternatives
Pamidronate Injection 30 Mg/10 Ml	Adding to Formulary, Specialty Tier	
Perphenazine/Amitriptyline Tablet 2-10 Mg	Removed Prior Authorization & Age Limit	
Perphenazine/Amitriptyline Tablet 2-25 Mg	Removed Prior Authorization & Age Limit	
Perphenazine/Amitriptyline Tablet 4-10 Mg	Removed Prior Authorization & Age Limit	
Perphenazine/Amitriptyline Tablet 4-25 Mg	Removed Prior Authorization & Age Limit	
Perphenazine/Amitriptyline Tablet 4-50 Mg	Removed Prior Authorization & Age Limit	
Pomalyst Capsule 1 Mg	Removed from Formulary	Generic Pomalidomide Capsule
Pomalyst Capsule 2 Mg	Removed from Formulary	Generic Pomalidomide Capsule
Pomalyst Capsule 3 Mg	Removed from Formulary	Generic Pomalidomide Capsule
Pomalyst Capsule 4 Mg	Removed from Formulary	Generic Pomalidomide Capsule
Potassium Chloride Oral Solution 10%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Potassium Chloride Oral Solution 20%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Pregabalin Capsule 100 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 150 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 200 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 225 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 25 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 300 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 50 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 75 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Premarin Tablet 0.3 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet
Premarin Tablet 0.45 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet
Premarin Tablet 0.625 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet
Premarin Tablet 0.9 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet

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Drug Name	Description of Formulary Change	Notes/Alternatives
Premarin Tablet 1.25 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet
Priftin Tablet 150 Mg	Removed from Formulary	Generic Rifapentine Tablet
Qulipta Tablet 10 Mg	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Qulipta Tablet 30 Mg	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Qulipta Tablet 60 Mg	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Ranolazine Extended-Release Tablet 1000 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Step Therapy Applies; Quantity Limits Apply
Ranolazine Extended-Release Tablet 500 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Step Therapy Applies; Quantity Limits Apply
Rivastigmine Capsule 1.5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Rivastigmine Capsule 3 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Rivastigmine Capsule 4.5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Rivastigmine Capsule 6 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Ropinirole Extended-Release Tablet 12 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Ropinirole Extended-Release Tablet 2 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Ropinirole Extended-Release Tablet 4 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Ropinirole Extended-Release Tablet 6 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Ropinirole Extended-Release Tablet 8 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Rosuvastatin Tablet 10 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Rosuvastatin Tablet 20 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Rosuvastatin Tablet 40 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Rosuvastatin Tablet 5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Savella Tablet 100 Mg	Removed from Formulary	Generic Milnacipran Tablet
Savella Tablet 12.5 Mg	Removed from Formulary	Generic Milnacipran Tablet
Savella Tablet 25 Mg	Removed from Formulary	Generic Milnacipran Tablet
Savella Tablet 50 Mg	Removed from Formulary	Generic Milnacipran Tablet

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Drug Name	Description of Formulary Change	Notes/Alternatives
Savella Tablet Titration Pack	Removed from Formulary	Generic Milnacipran Tablet
Toujeo Max SoloStar Injection Pen 300 Units/Ml	Removed from Formulary	Basaglar Kwikpen; Insulin Glargine-YFGN Injection
Toujeo SoloStar Injection Pen 300 Units/Ml	Removed from Formulary	Basaglar Kwikpen; Insulin Glargine-YFGN Injection
Tracleer Tablet 32 Mg	Removed from Formulary	Generic Bosentan Tablet
Triamcinolone Injection Suspension 10 Mg/Ml	Adding to Formulary, Specialty Tier	
Triamcinolone Injection Suspension 40 Mg/Ml	Adding to Formulary, Specialty Tier	
Truxima Injection 100 Mg/10 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Truxima Injection 500 Mg/50 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Tysabri Injection 300 Mg/15 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Vancomycin Capsule 125 Mg	Adding to Formulary, Preferred Generic Tier	
Vancomycin Capsule 250 Mg	Adding to Formulary, Preferred Generic Tier	
Verapamil Extended-Release Capsule 120 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Verapamil Extended-Release Capsule 180 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Verapamil Extended-Release Capsule 240 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Verzenio Tablet 100 Mg	Removed from Formulary	Ibrance Capsule; Kisqali Tablet
Verzenio Tablet 150 Mg	Removed from Formulary	Ibrance Capsule; Kisqali Tablet
Verzenio Tablet 200 Mg	Removed from Formulary	Ibrance Capsule; Kisqali Tablet
Verzenio Tablet 50 Mg	Removed from Formulary	Ibrance Capsule; Kisqali Tablet
Vilazodone Tablet 10 Mg	Changing from Non-Preferred Tier to Preferred Generic Tier	Removed Prior Authorization
Vilazodone Tablet 20 Mg	Changing from Non-Preferred Tier to Preferred Generic Tier	Removed Prior Authorization
Vilazodone Tablet 40 Mg	Changing from Non-Preferred Tier to Preferred Generic Tier	Removed Prior Authorization
Viread Tablet 300 Mg	Removed from Formulary	Generic Tenofovir Tablet
Xeljanz Extended-Release Tablet 11 Mg	Removed from Formulary	Generic Tofacitinib ER Tablet
Xeljanz Extended-Release Tablet 22 Mg	Removed from Formulary	Generic Tofacitinib ER Tablet
Xeljanz Oral Solution 1 Mg/Ml	Removed from Formulary	Generic Tofacitinib Oral Solution
Xeljanz Tablet 10 Mg	Removed from Formulary	Generic Tofacitinib Tablet
Xeljanz Tablet 5 Mg	Removed from Formulary	Generic Tofacitinib Tablet

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Xigduo Extended-Release Tablet 10/1000 Mg	Removed from Formulary	Generic Dapagliflozin-Metformin ER Tablet
Xigduo Extended-Release Tablet 10/500 Mg	Removed from Formulary	Generic Dapagliflozin-Metformin ER Tablet
Xigduo Extended-Release Tablet 5/1000 Mg	Removed from Formulary	Generic Dapagliflozin-Metformin ER Tablet
Xigduo Extended-Release Tablet 5/500 Mg	Removed from Formulary	Generic Dapagliflozin-Metformin ER Tablet
Ziprasidone Capsule 20 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Ziprasidone Capsule 40 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Ziprasidone Capsule 60 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Ziprasidone Capsule 80 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Zylet Ophthalmic Suspension 0.5%-0.3%	Removed from Formulary	Generic Loteprednol-Tobramycin Ophthalmic Suspension