Independent Health

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 was updated on March 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
BONJESTA ORAL TABLET EXTENDED RELEASE	Tier 2, QL	NF	7/1/2023	doxylamine-pyridoxine oral tablet delayed release	Drug Formulary I, Drug Formulary II, Drug Formulary III
KRISTALOSE ORAL PACKET 20 GM	Tier 3	NF	7/1/2023	lactulose oral solution	Drug Formulary I, Drug Formulary II, Drug Formulary III
mesalamine 4g enema/cleanser rectal kit	Tier 2	NF	7/1/2023	mesalamine 4g enema and 1g rectal suppository	Drug Formulary I, Drug Formulary II, Drug Formulary III
MILLIPRED ORAL TABLET	Tier 3	NF	7/1/2023	prednisolone oral solution	Drug Formulary I, Drug Formulary II, Drug Formulary III
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

Drug Name / strength /dose form	Prior to change	Type of Change	Date of Change	Alternative(s)	Impacted Formulary
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
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
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

Nondiscrimination statement and language assistance services

If you, or someone you're helping, have questions about Independent Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-501-3439.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independent Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-501-3439.

如果您，或是您正在協助的對象，有關於[插入 Independent Health 項目的名稱 Independent Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-501-3439。

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Independent Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-501-3439.

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Independent Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-501-3439.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Independent Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-501-3439 로 전화하십시오.

Se tu o qualcuno che stai aiutando avete domande su Independent Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-501-3439.

אויב איר, אָדער עמעצער איר העלפסט, האָט פראגעס וועגן Independent Health, איר האָט דאָס רעכט צו באקומען הילף און אינפארמאציע אין אייער שפראך אומזיסט. צו רעדן מיט דער אי'בערזעצער, קלונג 1-800-501-3439

যদি আপনি, অথবা আপনি অন্য কাউকে সহায়তা করছেন, সম্পর্কে প্রশ্ন আছে Independent Health আপনার অধিকার আছে বিনা খরচে আপনার নিজস্ব ভাষাতে সাহায্য পাবার এবং তথ্য জানবার। অনুবাদকের সাথে কথা বলার জন্য, কল করুন 1-800-501-3439

Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Independent Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-501-3439.

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Independent Health ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-501-3439

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Independent Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-501-3439.

اگر اپ کسی کو مدد دے رہے ہیں اور اپ دونوں کو سوال ہے Independent Health کے بارے میں، تو اپ دونوں کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ترجمان سے بات کرنے کے لیے، 1-800-501-3439 فون کریں۔

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Independent Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-501-3439.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Independent Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση.Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-501-3439.

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Independent Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-501-3439.

Independent Health.

Discrimination is Against the Law

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Independent Health's Member Services Department.

If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 711, fax (716) 635-3504, memberservice@servicing.independenthealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: **http://www.hhs.gov/ocr/office/file/index.html**

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