

**Stanford Health Care Advantage
Future Formulary Changes**

CMS FORMULARY ID: 19120.000

EFFECTIVE DATE: 05/01/2019

AFFECTED DRUG NAMES

- INVANZ 1 G INJECTION VIAL
- ONFI 20 MG ORAL TABLET
- ONFI 10 MG ORAL TABLET
- ONFI 2.5 MG/ML ORAL ORAL SUSP
- ANDROGEL 2.5G-1.62% TRANSDERM. GEL PACKET
- ANDROGEL 20.25/1.25 TRANSDERM. GEL MD PMP
- ANDROGEL 1.25G-1.62 TRANSDERM. GEL PACKET
- ALBENZA 200 MG ORAL TABLET
- AMPYRA 10 MG ORAL TAB ER 12HAD CIRCA 20 MG ORAL TABLET

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

- ERTAPENEM 1 G INJECTION VIAL – TIER 2
 - CLOBAZAM 20 MG ORAL TABLET – TIER 2
 - CLOBAZAM 10 MG ORAL TABLET – TIER 2
 - CLOBAZAM 2.5 MG/ML ORAL ORAL SUSP – TIER 2
 - TESTOSTERONE 2.5G-1.62% TRANSDERM. GEL PACKET – TIER 2
 - TESTOSTERONE 20.25/1.25 TRANSDERM. GEL MD PMP – TIER 2
 - TESTOSTERONE 1.25G-1.62 TRANSDERM. GEL PACKET – TIER 2
 - ALBENDAZOLE 200 MG ORAL TABLET – TIER 5
 - DALFAMPRIDINE ER 10 MG ORAL TAB ER 12H – TIER 5
 - TADALAFIL 20 MG ORAL TABLET – TIER 5
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