

OHP 2024 FUTURE FORMULARY CHANGES (UPDATED 10-1-2024)

CMS FORMULARY ID	EFFECTIVE DATE	DRUG NAME	REASON DESCRIPTION	ALTERNATE DRUGS AND TIER
24126	2/1/2024	Alphagan P 0.1 % Ophthalmic Drops	Removal of brand name drug from formulary due to addition of new generic equivalent	Brimonidine Tartrate 0.1 % Ophthalmic Drops-2
24126	2/1/2024	Votrient 200 Mg Oral Tablet	Removal of brand name drug from formulary due to addition of new generic equivalent	Pazopanib Hcl 200 Mg Oral Tablet-5
24126	4/1/2024	Tracleer 62.5 Mg Oral Tablet	Removal of brand name drug from formulary due to addition of new generic equivalent	Bosentan 62.5 Mg Oral Tablet-5
24126	4/1/2024	Tracleer 125 Mg Oral Tablet	Removal of brand name drug from formulary due to addition of new generic equivalent	Bosentan 125 Mg Oral Tablet-5
24126	4/1/2024	Forteo 20mcg/Dose Subcutane. Pen Injctr	Removal of brand name drug from formulary due to addition of new generic equivalent	Teriparatide 20mcg/Dose Subcutane. Pen Injctr-2

Ochsner Health Plan is a Medicare Advantage HMO and HMO D-SNP plan with a Medicare contract. Dual Special Needs Plans also have a contract with the State Medicaid Program. Enrollment in the plan depends on contract renewal.

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24126	4/1/2024	Risperdal Consta 12.5mg/2ml Intramusc. Vial	Removal of brand name drug from formulary due to addition of new generic equivalent	Risperidone Er 12.5mg/2ml Intramusc. Vial-2
24126	4/1/2024	Risperdal Consta 25 Mg/2 MI Intramusc. Vial	Removal of brand name drug from formulary due to addition of new generic equivalent	Risperidone Er 25 Mg/2 MI Intramusc. Vial-2
24126	4/1/2024	Prolensa 0.07 % Ophthalmic Drops	Removal of brand name drug from formulary due to addition of new generic equivalent	Bromfenac Sodium 0.07 % Ophthalmic Drops-3
24126	4/1/2024	Risperdal Consta 37.5mg/2ml Intramusc. Vial	Removal of brand name drug from formulary due to addition of new generic equivalent	Risperidone Er 37.5mg/2ml Intramusc. Vial-5
24126	4/1/2024	Risperdal Consta 50 Mg/2 MI Intramusc. Vial	Removal of brand name drug from formulary due to addition of new generic equivalent	Risperidone Er 50 Mg/2 MI Intramusc. Vial-5

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24126	5/1/2024	Levonorg-Eth Estrad-Fe Bisglyc 0.1-0.02mg Oral Tablet	Not a part d covered drug	
24126	5/1/2024	Korlym 300 Mg Oral Tablet	Removal of brand name drug from formulary due to addition of new generic equivalent	Mifepristone 300 Mg Oral Tablet-5
24126	5/1/2024	Alrex 0.2 % Ophthalmic Drops Susp	Removal of brand name drug from formulary due to addition of new generic equivalent	Loteprednol Etabonate 0.2 % Ophthalmic Drops Susp-3
24126	5/1/2024	Bromsite 0.075 % Ophthalmic Drops	Removal of brand name drug from formulary due to addition of new generic equivalent	Bromfenac Sodium 0.075 % Ophthalmic Drops-3
24126	6/1/2024	Rectiv 0.4% (W/W) Rectal Oint. (G)	Removal of brand name drug from formulary due to addition of new generic equivalent	Nitroglycerin 0.4% (W/W) Rectal Oint. (G)-2
24126	7/1/2024	Azopt 1 % Ophthalmic Drops Susp	Formulary deletion	Formulary deletion
24126	7/1/2024	Mitigare 0.6 Mg Oral Capsule	Formulary deletion	Formulary deletion
24126	10/1/2024	Corlanor 7.5 Mg Oral Tablet	Removal of brand name drug from formulary due to addition of new generic equivalent	Ivabradine HCL 7.5 Mg Oral Tablet-3
24126	10/1/2024	Endari 5 G Oral Powd Pack	Removal of brand name drug from formulary due to addition of new generic equivalent	L-Glutamine 5 G Oral Powd Pack-5
24126	10/1/2024	Corlanor 5 Mg Oral Tablet	Removal of brand name drug from formulary due to addition of new generic equivalent	Ivabradine HCL 5 Mg Oral Tablet-3