BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Upcoming Changes to the Health Choice Pathway (HMO D-SNP) Formulary
Próximos cambios al Formulario de Health Choice Pathway (HMO D-SNP)

The table below outlines upcoming changes to our formulary that may impact you.
A continuación, se presentan los próximos cambios al Formulario.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
ABELCET INJ 5MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMPHOTERICIN B LIPOSOME IV FOR SUSP 50MG	Tier 1	01/01/2026
DIFICID TAB 200MG	Deletion Of Drug From Formulary	Generic Available	FIDAXOMICIN TAB 200MG	Tier 1	02/01/2026
ENTRESTO TAB	Deletion Of Drug From Formulary	Generic Available	SACUBITRIL-VALSARTAN TAB	Tier 1	01/01/2026
EPITOL TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CARBAMAZEPINE TAB 200 MG	Tier 1	01/01/2026
EPRONTIA SOL 25MG/ML	Deletion Of Drug From Formulary	Generic Available	TOPIRAMATE SOL 25MG/ML	Tier 1	01/01/2026
IXCHIQ INJ	Deletion Of Drug From Formulary	Market Removal	VIMKUNYA INJ 40MCG/0.8ML	Tier 1	01/01/2026
JYNARQUE TAB	Deletion Of Drug From Formulary	Generic Available	TOLVAPTAN TAB	Tier 1	01/01/2026
KELNOR 1/50 TAB 1 MG-50 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALTYA 1/50 TAB 1 MG-50 MCG	Tier 1	01/01/2026

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Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
OCELLA TAB 3-0.03MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG; SYEDA TAB 3-0.03MG; ZUMANDIMINE TAB 3-0.03MG	Tier 1	02/01/2026
OGSIVEO TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OGSIVEO TAB 100MG, 150MG	Tier 1	02/01/2026
REGRANEX GEL 0.01%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		01/01/2026
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1	02/01/2026
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1	02/01/2026
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1	02/01/2026

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Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
TOBRAMYCIN SULFATE INJ 2GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TOBRAMYCIN SULFATE INJ 80MG/2ML	Tier 1	02/01/2026
VIGPODER POW 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VIGABATRIN PAK 500MG; VIGADRONE POW 500MG	Tier 1	02/01/2026
XARELTO SUSP 1MG/ML	Deletion Of Drug From Formulary	Generic Available	RIVAROXABAN SUSP 1MG/ML	Tier 1	01/01/2026

*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

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

**Applies to new starts / **Aplica para nuevos comienzos

Last Update: 2/1/2026
Última actualización: 2/1/2026

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