VillageCareMAX

# 2026 Formulary Changes

Updated 10/2026
H2168_MBR20-137_C

EFFECTIVE DATE: 11/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

| Drug Name | Alternate Drugs and Tier | Change Type | Change Reason |
|---|---|---|---|
| JANUMET XR 50-1000 MG ORAL TBMP 24HR | SITAGLIPTIN PHOS-METFORMIN ER 50-1000 MG ORAL TBMP 24HR-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| JANUMET XR 50MG-500MG ORAL TBMP 24HR | SITAGLIPTIN PHOS-METFORMIN ER 50MG-500MG ORAL TBMP 24HR-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| PRIFTIN 150 MG ORAL TABLET | RIFAPENTINE 150 MG ORAL TABLET-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| JANUMET XR 100-1000MG ORAL TBMP 24HR | SITAGLIPTIN PHOS-METFORMIN ER 100-1000MG ORAL TBMP 24HR-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

CHANGE TYPE
BRAND DELETION, ADD FRF GENERIC

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

EFFECTIVE DATE: 09/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

| Drug Name | Alternate Drugs and Tier | Change Type | Change Reason |
|---|---|---|---|
| OPSUMIT 10 MG ORAL TABLET | MACITENTAN 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| OPSUMIT 100 MG ORAL TABLET | SITAGLIPTIN PHOSPHATE 100 MG ORAL TABLET-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| OPSUMIT 25 MG ORAL TABLET | SITAGLIPTIN PHOSPHATE 25 MG ORAL TABLET-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| OPSUMIT 50 MG ORAL TABLET | SITAGLIPTIN PHOSPHATE 50 MG ORAL TABLET-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| JANUMET 50-1000 MG ORAL TABLET | SITAGLIPTIN PHOS-METFORMIN 50-1000 MG ORAL TABLET-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| JANUMET 50MG-500MG ORAL TABLET | SITAGLIPTIN PHOS-METFORMIN 50MG-500MG ORAL TABLET-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| XELJANZ XR 22 MG ORAL TAB ER 24H | TOFACITINIB CITRATE ER 22 MG ORAL TAB ER 24H-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| XELJANZ XR 11 MG ORAL TAB ER 24H | TOFACITINIB CITRATE ER 11 MG ORAL TAB ER 24H-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| XELJANZ 10 MG ORAL TABLET | TOFACITINIB CITRATE 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| XELJANZ 1 MG/ML ORAL SOLUTION | TOFACITINIB CITRATE 1 MG/ML ORAL SOLUTION-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

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| BOSULIF 400 MG ORAL TABLET | BOSUTINIB 400 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| XELJANZ 5 MG ORAL TABLET | TOFACITINIB CITRATE 5 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

CHANGE TYPE
BRAND DELETION, ADD FRF GENERIC

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

EFFECTIVE DATE: 08/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

| Drug Name | Alternate Drugs and Tier | Change Type | Change Reason |
|---|---|---|---|
| MAVENCLAD 10 MG ORAL TABLET | CLADRIBINE 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| MAVENCLAD 10 MG ORAL TABLET | CLADRIBINE 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| MAVENCLAD 10 MG ORAL TABLET | CLADRIBINE 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| MAVENCLAD 10 MG ORAL TABLET | CLADRIBINE 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| MAVENCLAD 10 MG ORAL TABLET | CLADRIBINE 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| MAVENCLAD 10 MG ORAL TABLET | CLADRIBINE 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| MAVENCLAD 10 MG ORAL TABLET | CLADRIBINE 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| EDURANT 25 MG ORAL TABLET | RILPIVIRINE 25 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| ATROVENT HFA 17MCG INHALATION HFA AER AD | IPRATROPIUM BROMIDE 17MCG INHALATION HFA AER AD-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| ASTAGRAF XL 0.5 MG ORAL CAP ER 24H | TACROLIMUS XL 0.5 MG ORAL CAP ER 24H-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

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| ASTAGRAF XL 5 MG ORAL CAP ER 24H | TACROLIMUS XL 5 MG ORAL CAP ER 24H-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| ASTAGRAF XL 1 MG ORAL CAP ER 24H | TACROLIMUS XL 1 MG ORAL CAP ER 24H-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

CHANGE TYPE
BRAND DELETION, ADD FRF GENERIC

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

EFFECTIVE DATE: 07/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

| Drug Name | Alternate Drugs and Tier | Change Type | Change Reason |
|---|---|---|---|
| BRIVIACT 75 MG ORAL TABLET | BRIVARACETAM 75 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 100 MG ORAL TABLET | BRIVARACETAM 100 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 50 MG ORAL TABLET | BRIVARACETAM 50 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 25 MG ORAL TABLET | BRIVARACETAM 25 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 10 MG ORAL TABLET | BRIVARACETAM 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| TEFLARO 400 MG INTRAVEN. VIAL | CEFTAROLINE FOSAMIL 400 MG INTRAVEN. VIAL-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| TEFLARO 600 MG INTRAVEN. VIAL | CEFTAROLINE FOSAMIL 600 MG INTRAVEN. VIAL-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 10 MG/ML ORAL SOLUTION | BRIVARACETAM 10 MG/ML ORAL SOLUTION-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

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

EFFECTIVE DATE: 06/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

| Drug Name | Alternate Drugs and Tier | Change Type | Change Reason |
|---|---|---|---|
| BRIVIACT 75 MG ORAL TABLET | BRIVARACETAM 75 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 100 MG ORAL TABLET | BRIVARACETAM 100 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 50 MG ORAL TABLET | BRIVARACETAM 50 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 25 MG ORAL TABLET | BRIVARACETAM 25 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 10 MG ORAL TABLET | BRIVARACETAM 10 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| TEFLARO 400 MG INTRAVEN. VIAL | CEFTAROLINE FOSAMIL 400 MG INTRAVEN. VIAL-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| TEFLARO 600 MG INTRAVEN. VIAL | CEFTAROLINE FOSAMIL 600 MG INTRAVEN. VIAL-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| BRIVIACT 10 MG/ML ORAL SOLUTION | BRIVARACETAM 10 MG/ML ORAL SOLUTION-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

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

EFFECTIVE DATE: 05/01/2026

## AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

| Drug Name | Alternate Drugs and Tier | Change Type | Change Reason |
|---|---|---|---|
| ZYLET 0.3%-0.5% OPHTHALMIC DROPS SUSP | TOBRAMYCIN-LOTEPREDNOL 0.3%-0.5% OPHTHALMIC DROPS SUSP-2 | BRAND DELETION, ADD FRF GENERIC | GENERIC DRUG AVAILABLE AT LOWER TIER |
| TEFLARO 600 MG INTRAVEN. VIAL | CEFTAROLINE FOSAMIL 600 MG INTRAVEN. VIAL-5 | BRAND DELETION, ADD FRF GENERIC | GENERIC DRUG AVAILABLE AT LOWER TIER |
| TEFLARO 400 MG INTRAVEN. VIAL | TOBRAMYCIN-LOTEPREDNOL 0.3%-0.5% OPHTHALMIC DROPS SUSP-2 | BRAND DELETION, ADD FRF GENERIC | CEFTAROLINE FOSAMIL 400 MG INTRAVEN. VIAL-5 |

### CHANGE TYPE
BRAND DELETION, ADD FRF GENERIC

### CHANGE REASON
GENERIC DRUG AVAILABLE AT LOWER TIER

EFFECTIVE DATE: 04/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

| Drug Name | Alternate Drugs and Tier | Change Type | Change Reason |
|---|---|---|---|
| FYCOMPA 0.5 MG/ML ORAL ORAL SUSP | PERAMPANEL 0.5 MG/ML ORAL ORAL SUSP-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| XGEVA 120 MG/1.7 SUBCUTANE. VIAL | | DELETION OF DRUG FROM FORMULARY | REMOVAL OF DRUG FROM FORMULARY DUE TO NEW CLINICAL GUIDELINES |
| RIVAROXABAN 2.5 MG ORAL TABLET | | QL ADD | ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES |
| BRILINTA 90 MG ORAL TABLET | TICAGRELOR 90 MG ORAL TABLET-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC
DELETION OF DRUG FROM FORMULARY
QL ADD

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES

EFFECTIVE DATE: 03/01/2026

## AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

| Drug Name | Alternate Drugs and Tier | Change Type | Change Reason |
|---|---|---|---|
| STELARA 45MG/0.5ML SUBCUTANE. VIAL | SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| USTEKINUMAB 45MG/0.5ML SUBCUTANE. VIAL | SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| USTEKINUMAB 45MG/0.5ML SUBCUTANE. SYRINGE | USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| STELARA 130MG/26ML INTRAVEN. VIAL | SELARSDI 130MG/26ML INTRAVEN. VIAL-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| USTEKINUMAB 90 MG/ML SUBCUTANE. SYRINGE | USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| STELARA 90 MG/ML SUBCUTANE. SYRINGE | USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| USTEKINUMAB 130MG/26ML INTRAVEN. VIAL | SELARSDI 130MG/26ML INTRAVEN. VIAL-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| STELARA 45MG/0.5ML SUBCUTANE. SYRINGE | USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

CHANGE TYPE
BRAND DELETION, ADD FRF GENERIC

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

EFFECTIVE DATE: 02/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

| Drug Name | Alternate Drugs and Tier | Change Type | Change Reason |
|---|---|---|---|
| GLEOSTINE 40 MG ORAL CAPSULE | LOMUSTINE 40 MG ORAL CAPSULE-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| PREMARIN 1.25 MG ORAL TABLET | CONJUGATED ESTROGENS 1.25 MG ORAL TABLET-2 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| GLEOSTINE 100 MG ORAL CAPSULE | LOMUSTINE 100 MG ORAL CAPSULE-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| GLEOSTINE 10 MG ORAL CAPSULE | LOMUSTINE 10 MG ORAL CAPSULE-3 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| DIFICID 200 MG ORAL TABLET | FIDAXOMICIN 200 MG ORAL TABLET-5 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| PREMARIN 0.9 MG ORAL TABLET | FIDAXOMICIN 200 MG ORAL TABLET-6 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| PREMARIN 0.625 MG ORAL TABLET | FIDAXOMICIN 200 MG ORAL TABLET-7 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| PREMARIN 0.45MG ORAL TABLET | FIDAXOMICIN 200 MG ORAL TABLET-8 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |
| PREMARIN 0.3 MG ORAL TABLET | FIDAXOMICIN 200 MG ORAL TABLET-9 | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT |

CHANGE TYPE
BRAND DELETION, ADD FRF GENERIC

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