



Blue Shield Select (PPO)

Formulary Updates:

The enclosed table lists the changes made to your formulary such as removing or adding: a drug, prior authorization, quantity limits or step therapy as well as any changes to a cost sharing tier. The table also includes alternative drug(s) if applicable.

Abbreviation Key:

| Symbol | Name | Description |
|--------|-------------------------|--|
| LA | Limited Access | This prescription may be available only at certain pharmacies. |
| PA | Prior Authorization | Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination" |
| QL | Quantity Limit | This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible. |
| ST | Step Therapy | Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy). |
| NDS | Non-Extended Day Supply | Medication is NOT available for long-term supply. |
| ED | Excluded Part D Drug | This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug. |

| | | |
|-----|-----------------|---|
| VAC | IRA Vaccine \$0 | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information. |
| INS | Covered Insulin | You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. |

Drug Tier Key

Tier 1: Preferred Generic Drugs

Tier 2: Generic Drugs

Tier 3: Preferred Brand Drugs

Tier 3: Covered Insulins

Tier 4: Non-Preferred Drugs

Tier 3: Covered Insulins

Tier 5: Specialty Tier Drugs

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|----------------------------------|------------------------------------|--|
| Adefovir Dipivoxil 10 Mg Tab | Moved to lower tier - Tier 4 | |
| Advair Diskus 100-50 Mcg/Act Aer | Removed from formulary (drug list) | fluticasone propionate / salmeterol 100-50mg fluticasone propionate / salmeterol 250-50mg fluticasone propionate / salmeterol 500-50mg |
| Advair Diskus 250-50 Mcg/Act Aer | Removed from formulary (drug list) | fluticasone propionate / salmeterol 100-50mg fluticasone propionate / salmeterol 250-50mg fluticasone propionate / salmeterol 500-50mg |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|----------------------------------|------------------------------------|--|
| Advair Diskus 500-50 Mcg/Act Aer | Removed from formulary (drug list) | fluticasone propionate / salmeterol 100-50mg fluticasone propionate / salmeterol 250-50mg fluticasone propionate / salmeterol 500-50mg |
| Albendazole 200 Mg Tab | Moved to lower tier - Tier 4 | |
| Alosetron Hcl 0.5 Mg Tab | Moved to lower tier - Tier 4 | |
| Alosetron Hcl 1 Mg Tab | Moved to lower tier - Tier 4 | |

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|---|
| Aranesp (Albumin Free) 60 Mcg/0.3MI Soln Prsyr | Moved to higher tier - Tier 5 | retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution |
| Aranesp (Albumin Free) 60 Mcg/MI Solution | Moved to higher tier - Tier 5 | retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution |
| Aripiprazole 10 Mg Tab Disp | Moved to lower tier - Tier 4 | |
| Aripiprazole 15 Mg Tab Disp | Moved to lower tier - Tier 4 | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|------------------------|
| Ascomp-Codeine 50-325-40-30 Mg Cap | Removed from formulary (drug list) | |
| Atovaquone 750 Mg/5MI Suspension | Moved to lower tier - Tier 4 | |
| Bepotastine Besilate 1.5 % Solution | Removed from formulary (drug list) | |
| Berinert 500 Unit Kit | Removed from formulary (drug list) | icatibant 30mg/3ml |
| Buprenorphine Hcl 2 Mg Sl Tab | Updated quantity limit | |
| Buprenorphine Hcl 8 Mg Sl Tab | Updated quantity limit | |
| Butalbital-Asa-Caff-Codeine 50-325-40-30 Mg Cap | Removed from formulary (drug list) | |
| Byetta 10 Mcg Pen 10 Mcg/0.04MI Soln Pen | Added prior authorization | |
| Byetta 5 Mcg Pen 5 Mcg/0.02MI Soln Pen | Added prior authorization | |
| Bylvay 1200 Mcg Cap | Updated quantity limit | |
| Bylvay 400 Mcg Cap | Updated quantity limit | |
| Cabergoline 0.5 Mg Tab | Removed quantity limit | |
| Cabliivi 11 Mg Kit | Removed from formulary (drug list) | |
| Cefdinir 125 Mg/5MI Recon Susp | Moved to higher tier - Tier 3 | cefdinir 300mg capsule |

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| Cefdinir 250 Mg/5Ml Recon Susp | Moved to higher tier - Tier 3 | cefdinir 300mg capsule |
| Chlordiazepoxide Hcl 10 Mg Cap | Removed from formulary (drug list) | |
| Chlordiazepoxide Hcl 25 Mg Cap | Removed from formulary (drug list) | |
| Chlordiazepoxide Hcl 5 Mg Cap | Removed from formulary (drug list) | |
| Cholestyramine 4 Gm Packet | Moved to higher tier - Tier 3 | |
| Cholestyramine 4 Gm/Dose Powder | Moved to higher tier - Tier 3 | |
| Cholestyramine Light 4 Gm/Dose Powder | Moved to higher tier - Tier 3 | |
| Cinryze 500 Unit Recon Soln | Removed from formulary (drug list) | haegarda 2000unit or 3000unit, |
| Clindamycin Palmitate Hcl 75 Mg/5Ml Recon Soln | Moved to higher tier - Tier 4 | clindamycin 75mg, 150mg and 300mg capsule, |
| Clobetasol Propionate 0.05 % Cream | Moved to higher tier - Tier 4 | |
| Clobetasol Propionate 0.05 % Ointment | Moved to higher tier - Tier 4 | |
| Clobetasol Propionate 0.05 % Solution | Moved to higher tier - Tier 4 | fluocinonide 0.05% cream, halobetasol 0.05% cream, |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| Clobetasol Propionate E 0.05 % Cream | Moved to higher tier - Tier 4 | fluocinonide 0.05% solution |
| Clozapine 200 Mg Tab Disp | Moved to higher tier - Tier 5 | |
| Colchicine 0.6 Mg Cap | Removed from formulary (drug list) | |
| Deferiprone 1000 Mg Tab | Removed from formulary (drug list) | |
| Deferiprone 500 Mg Tab | Removed from formulary (drug list) | |
| Dengvaxia Recon Susp | Added to Tier 3 | |
| Depo-Subq Provera 104 104 Mg/0.65MI Susp Prsyr | Added to Tier 4 | |
| Dexlansoprazole 30 Mg Cap Dr | Removed from formulary (drug list) | lansoprazole 30 mg cap dr omeprazole 10 mg cap dr omeprazole 20 mg cap dr omeprazole 40 mg cap dr pantoprazole sodium 20 mg tab dr pantoprazole sodium 40 mg tab dr |

| Drug Name | Description of Change | Alternative |
|-------------------------------|------------------------------------|--|
| Dexlansoprazole 60 Mg Cap Dr | Removed from formulary (drug list) | lansoprazole 30 mg cap dr omeprazole 10 mg cap dr omeprazole 20 mg cap dr omeprazole 40 mg cap dr pantoprazole sodium 20 mg tab dr pantoprazole sodium 40 mg tab dr |
| Diazoxide 50 Mg/MI Suspension | Moved to higher tier - Tier 5 | |
| Diclofenac Sodium 1 % Gel | Moved to lower tier - Tier 3 | |
| Difluprednate 0.05 % Emulsion | Moved to higher tier - Tier 4 | |
| Digoxin 0.05 Mg/MI Solution | Removed from formulary (drug list) | digoxin 125mcg and 250mcg tablet |
| Dotti 0.025 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Dotti 0.0375 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Dotti 0.05 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |

| Drug Name | Description of Change | Alternative |
|---|--|-------------|
| Dotti 0.075 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Dotti 0.1 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Dupixent 100 Mg/0.67MI Soln Prsyr | Added to Tier 5 with prior authorization | |
| Dupixent 200 Mg/1.14MI Soln Pen | Added to Tier 5 with prior authorization | |
| Dupixent 200 Mg/1.14MI Soln Prsyr | Added to Tier 5 with prior authorization | |
| Dupixent 300 Mg/2MI Soln Pen | Added to Tier 5 with prior authorization | |
| Dupixent 300 Mg/2MI Soln Prsyr | Added to Tier 5 with prior authorization | |
| Emtricitabine-Tenofovir Df 200-300 Mg Tab | Moved to lower tier - Tier 4 | |
| Enbrel 25 Mg Recon Soln | Added quantity limit | |
| Enbrel 25 Mg/0.5MI Soln Prsyr | Added quantity limit | |
| Enbrel 25 Mg/0.5MI Solution | Added quantity limit | |
| Enbrel 50 Mg/MI Soln Prsyr | Added quantity limit | |
| Enbrel Sureclick 50 Mg/MI Soln A-Inj | Added quantity limit | |
| Endari 5 Gm Packet | Added to Tier 5 with prior authorization | |
| Epinephrine 0.15 Mg/0.15MI Soln A-Inj | Moved to higher tier - Tier 3 | |
| Epinephrine 0.15 Mg/0.3MI Soln A-Inj | Moved to higher tier - Tier 3 | |

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| Drug Name | Description of Change | Alternative |
|-------------------------------------|------------------------------------|------------------------------|
| Epinephrine 0.3 Mg/0.3Ml Soln A-Inj | Moved to higher tier - Tier 3 | |
| Ergoloid Mesylates 1 Mg Tab | Removed from formulary (drug list) | |
| Estazolam 1 Mg Tab | Removed from formulary (drug list) | zolpidem 5mg and 10mg tablet |
| Estazolam 2 Mg Tab | Removed from formulary (drug list) | zolpidem 5mg and 10mg tablet |
| Estradiol 0.025 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Estradiol 0.0375 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Estradiol 0.05 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Estradiol 0.075 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Estradiol 0.1 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Etravirine 100 Mg Tab | Moved to higher tier - Tier 5 | |
| Etravirine 200 Mg Tab | Moved to higher tier - Tier 5 | |
| Fabrazyme 35 Mg Recon Soln | Removed from formulary (drug list) | |
| Fabrazyme 5 Mg Recon Soln | Removed from formulary (drug list) | |
| Fentanyl Citrate 100 Mcg Tab | Removed from formulary (drug list) | |

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| Drug Name | Description of Change | Alternative |
|--------------------------------|------------------------------------|--|
| Fentanyl Citrate 200 Mcg Tab | Removed from formulary (drug list) | |
| Fentanyl Citrate 400 Mcg Tab | Removed from formulary (drug list) | |
| Fentanyl Citrate 600 Mcg Tab | Removed from formulary (drug list) | |
| Fentanyl Citrate 800 Mcg Tab | Removed from formulary (drug list) | |
| Ferriprox 100 Mg/ML Solution | Removed from formulary (drug list) | |
| Firdapse 10 Mg Tab | Removed from formulary (drug list) | |
| Flovent Diskus 100 Mcg/Act Aer | Removed from formulary (drug list) | Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg |

| Drug Name | Description of Change | Alternative |
|---------------------------------|------------------------------------|--|
| Flovent Diskus 250 Mcg/Act Aer | Removed from formulary (drug list) | Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg |
| Flovent Diskus 50 Mcg/Act Aer | Removed from formulary (drug list) | Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg |
| Flovent HFA 110 Mcg/Act Aerosol | Removed from formulary (drug list) | Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg |

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| Drug Name | Description of Change | Alternative |
|---------------------------------|------------------------------------|--|
| Flovent HFA 220 Mcg/Act Aerosol | Removed from formulary (drug list) | Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg |
| Flovent HFA 44 Mcg/Act Aerosol | Removed from formulary (drug list) | Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg |
| Fluocinonide 0.05 % Cream | Moved to higher tier - Tier 3 | triamcinolone 0.5% cream, triamcinolone 0.5% ointment, mometasone furoate 0.1% solution |

| Drug Name | Description of Change | Alternative |
|-------------------------------------|--|---|
| Fluocinonide 0.05 % Gel | Moved to higher tier - Tier 3 | triamcinolone 0.5% cream, triamcinolone 0.5% ointment, mometasone furoate 0.1% solution |
| Fluocinonide 0.05 % Ointment | Moved to higher tier - Tier 3 | triamcinolone 0.5% cream, triamcinolone 0.5% ointment, mometasone furoate 0.1% solution |
| Fluocinonide 0.05 % Solution | Moved to higher tier - Tier 3 | triamcinolone 0.5% cream, triamcinolone 0.5% ointment, mometasone furoate 0.1% solution |
| Fosamprenavir Calcium 700 Mg Tab | Moved to lower tier - Tier 4 | |
| Fosfomycin Tromethamine 3 Gm Packet | Removed from formulary (drug list) | |
| Genotropin 12 Mg Cartridge | Added to Tier 5 with prior authorization | |
| Genotropin 5 Mg Cartridge | Added to Tier 5 with prior authorization | |

| Drug Name | Description of Change | Alternative |
|-----------------------------------|--|---|
| Genotropin Miniquick 0.2 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Genotropin Miniquick 0.4 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Genotropin Miniquick 0.6 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Genotropin Miniquick 0.8 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Genotropin Miniquick 1 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Genotropin Miniquick 1.2 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Genotropin Miniquick 1.4 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Genotropin Miniquick 1.6 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Genotropin Miniquick 1.8 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Genotropin Miniquick 2 Mg Prsyr | Added to Tier 5 with prior authorization | |
| Glassia 1000 Mg/50MI Solution | Removed from formulary (drug list) | |
| Humalog 100 Unit/MI Solution | Removed from formulary (drug list) | humalog kwikpen insulin lispro vials |
| Humira 10 Mg/0.1MI Pref Sy Kt | Added quantity limit | |
| Humira 10 Mg/0.2MI Pref Sy Kt | Added quantity limit | |
| Humira 20 Mg/0.2MI Pref Sy Kt | Added quantity limit | |

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| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---------------------|
| Humira 20 Mg/0.4MI Pref Sy Kt | Added quantity limit | |
| Humira 40 Mg/0.4MI Pref Sy Kt | Added quantity limit | |
| Humira Pediatric Crohns Start 40 Mg/0.8MI Pref Sy Kt | Added quantity limit | |
| Humira Pediatric Crohns Start 80 Mg/0.8MI & 40Mg/0.4MI Pref Sy Kt | Added quantity limit | |
| Humira Pediatric Crohns Start 80 Mg/0.8MI Pref Sy Kt | Added quantity limit | |
| Humira Pen 40 Mg/0.4MI Pen Kit | Added quantity limit | |
| Humira Pen-Pediatric Uc Start 80 Mg/0.8MI Pen Kit | Added quantity limit | |
| Humira Pen-Ps/Uv/Adol Hs Start 40 Mg/0.8MI Pen Kit | Added quantity limit | |
| Humira Pen-Psor/Uveit Starter 80 Mg/0.8MI & 40Mg/0.4MI Pen Kit | Added quantity limit | |
| Humulin R U-500 (Concentrated) 500 Unit/MI Solution | Added BvD prior authorization | |
| Incruse Ellipta 62.5 Mcg/Act Aer | Removed from formulary (drug list) | spirivia handihaler |
| Itraconazole 100 Mg Cap | Removed prior authorization | |

| Drug Name | Description of Change | Alternative |
|--------------------|------------------------------------|--|
| Juxtapid 10 Mg Cap | Removed from formulary (drug list) | repatha pushtrex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsyr |
| Juxtapid 20 Mg Cap | Removed from formulary (drug list) | repatha pushtrex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsyr |
| Juxtapid 30 Mg Cap | Removed from formulary (drug list) | repatha pushtrex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsyr |

| Drug Name | Description of Change | Alternative |
|------------------------------|------------------------------------|--|
| Juxtapid 40 Mg Cap | Removed from formulary (drug list) | repatha pushtrex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsyr |
| Juxtapid 5 Mg Cap | Removed from formulary (drug list) | repatha pushtrex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsyr |
| Juxtapid 60 Mg Cap | Removed from formulary (drug list) | repatha pushtrex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsyr |
| Levemir 100 Unit/MI Solution | Removed from formulary (drug list) | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--|
| Levemir Flextouch 100 Unit/MI Soln Pen | Removed from formulary (drug list) | |
| Lupron Depot-Ped (1-Month) 11.25 Mg Kit | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit lupron depot (1-month) 7.5 mg kit lupron depot (3-month) 11.25 mg kit lupron depot (3-month) 22.5 mg kit lupron depot (4-month) 30 mg kit lupron depot (6-month) 45 mg kit |
| Lupron Depot-Ped (1-Month) 15 Mg Kit | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit lupron depot (1-month) 7.5 mg kit lupron depot (3-month) 11.25 mg kit lupron depot (3-month) 22.5 mg kit lupron depot (4-month) 30 mg kit lupron depot (6-month) 45 mg kit |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--|
| Lupron Depot-Ped (1-Month) 7.5 Mg Kit | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit lupron depot (1-month) 7.5 mg kit lupron depot (3-month) 11.25 mg kit lupron depot (3-month) 22.5 mg kit lupron depot (4-month) 30 mg kit lupron depot (6-month) 45 mg kit |
| Lupron Depot-Ped (3-Month) 11.25 Mg (Ped) Kit | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit lupron depot (1-month) 7.5 mg kit lupron depot (3-month) 11.25 mg kit lupron depot (3-month) 22.5 mg kit lupron depot (4-month) 30 mg kit lupron depot (6-month) 45 mg kit |

| Drug Name | Description of Change | Alternative |
|--------------------------------------|------------------------------------|--|
| Lupron Depot-Ped (3-Month) 30 Mg Kit | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit lupron depot (1-month) 7.5 mg kit lupron depot (3-month) 11.25 mg kit lupron depot (3-month) 22.5 mg kit lupron depot (4-month) 30 mg kit lupron depot (6-month) 45 mg kit |
| Lyllana 0.025 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Lyllana 0.0375 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Lyllana 0.05 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Lyllana 0.075 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Lyllana 0.1 Mg/24Hr Patch Tw | Moved to higher tier - Tier 3 | |
| Lyumjev 100 Unit/MI Solution | Removed from formulary (drug list) | humalog kwikpen insulin lispro vials |
| Lyumjev Kwikpen 100 Unit/MI Soln Pen | Removed from formulary (drug list) | humalog kwikpen insulin lispro vials |
| Lyumjev Kwikpen 100 Unit/MI Soln Pen | Removed from formulary (drug list) | humalog kwikpen insulin lispro vials |

| Drug Name | Description of Change | Alternative |
|--|--|--|
| Lyumjev Kwikpen 200 Unit/MI Soln Pen | Removed from formulary (drug list) | humalog kwikpen insulin lispro vials |
| Lyumjev Kwikpen 200 Unit/MI Soln Pen | Removed from formulary (drug list) | humalog kwikpen insulin lispro vials |
| Miconazole 3 200 Mg Suppos | Moved to lower tier - Tier 3 | |
| Minocycline Hcl 100 Mg Tab | Removed from formulary (drug list) | minocycline hcl 100 mg cap minocycline hcl 50 mg cap minocycline hcl 75 mg cap |
| Minocycline Hcl 50 Mg Tab | Removed from formulary (drug list) | minocycline hcl 100 mg cap minocycline hcl 50 mg cap minocycline hcl 75 mg cap |
| Minocycline Hcl 75 Mg Tab | Removed from formulary (drug list) | minocycline hcl 100 mg cap minocycline hcl 50 mg cap minocycline hcl 75 mg cap |
| Moxifloxacin Hcl 400 Mg/250MI Solution | Added to Tier 4 with prior authorization | |
| Moxifloxacin Hcl In Nacl 400 Mg/250MI Solution | Added to Tier 4 with prior authorization | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|---------------------------------------|------------------------------------|---|
| Nitrofurantoin Macrocrystal 25 Mg Cap | Removed from formulary (drug list) | nitrofurantoin macrocrystal 50mg capsule nitrofurantoin macrocrystal 100mg capsule |

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Norditropin Flexpro 10 Mg/1.5MI Soln Pen | Removed from formulary (drug list) | genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge |

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Norditropin Flexpro 15 Mg/1.5MI Soln Pen | Removed from formulary (drug list) | genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge |

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Norditropin Flexpro 30 Mg/3MI Soln Pen | Removed from formulary (drug list) | genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge |

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Norditropin Flexpro 5 Mg/1.5MI Soln Pen | Removed from formulary (drug list) | genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge |

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| Drug Name | Description of Change | Alternative |
|---|--|--------------------|
| Nurtec 75 Mg Tab Disp | Added to Tier 5 with prior authorization | |
| Octreotide Acetate 1000 Mcg/MI Solution | Moved to lower tier - Tier 4 | |
| Octreotide Acetate 500 Mcg/MI Solution | Moved to lower tier - Tier 4 | |
| Olanzapine-Fluoxetine Hcl 12-25 Mg Cap | Removed from formulary (drug list) | |
| Olanzapine-Fluoxetine Hcl 12-50 Mg Cap | Removed from formulary (drug list) | |
| Olanzapine-Fluoxetine Hcl 6-25 Mg Cap | Removed from formulary (drug list) | |
| Olanzapine-Fluoxetine Hcl 6-50 Mg Cap | Removed from formulary (drug list) | |
| Orbactiv 400 Mg Recon Soln | Removed from formulary (drug list) | |
| Oxybutynin Chloride 5 Mg/5MI Solution | Removed from formulary (drug list) | oxybutynin tablets |
| Oxybutynin Chloride 5 Mg/5MI Syrup | Removed from formulary (drug list) | oxybutynin tablets |
| Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/1.5MI Soln Pen | Added prior authorization | |
| Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/3MI Soln Pen | Added prior authorization | |
| Ozempic (1 Mg/Dose) 2 Mg/1.5MI Soln Pen | Added prior authorization | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--------------------------------|
| Ozempic (1 Mg/Dose) 4 Mg/3MI Soln Pen | Added prior authorization | |
| Ozempic (2 Mg/Dose) 8 Mg/3MI Soln Pen | Added prior authorization | |
| Potassium Citrate Er 10 Meq (1080 Mg) Tab Er | Moved to higher tier - Tier 3 | |
| Potassium Citrate Er 5 Meq (540 Mg) Tab Er | Moved to higher tier - Tier 3 | |
| Prednicarbate 0.1 % Cream | Removed from formulary (drug list) | triamcinolone mometasone |
| Prednicarbate 0.1 % Ointment | Removed from formulary (drug list) | triamcinolone mometasone |
| Prevalite 4 Gm Packet | Moved to higher tier - Tier 3 | |
| Prevalite 4 Gm/Dose Powder | Moved to higher tier - Tier 3 | |
| Priftin 150 Mg Tab | Moved to higher tier - Tier 4 | |
| Procysbi 300 Mg Packet | Removed from formulary (drug list) | cystagon 50mg or 150mg capsule |
| Procysbi 75 Mg Packet | Removed from formulary (drug list) | cystagon 50mg or 150mg capsule |
| Promethazine Hcl 25 Mg/MI Solution | Removed from formulary (drug list) | promethazine 25mg tablet |
| Promethazine Hcl 50 Mg/MI Solution | Removed from formulary (drug list) | promethazine 25mg tablet |

| Drug Name | Description of Change | Alternative |
|---------------------------------|------------------------------------|--|
| Promethegan 50 Mg Suppos | Removed from formulary (drug list) | promethazine 25mg tablet |
| Ravicti 1.1 Gm/MI Liquid | Removed from formulary (drug list) | sodium phenylbutyrate 500mg tablet |
| Retacrit 40000 Unit/MI Solution | Moved to lower tier - Tier 4 | |
| Rinvoq 45 Mg Tab Er 24H | Updated quantity limit | |
| Risperdal Consta 12.5 Mg Srer | Added BvD prior authorization | |
| Risperdal Consta 25 Mg Srer | Added BvD prior authorization | |
| Risperdal Consta 37.5 Mg Srer | Added BvD prior authorization | |
| Risperdal Consta 50 Mg Srer | Added BvD prior authorization | |
| Ruconest 2100 Unit Recon Soln | Removed from formulary (drug list) | haegarda 2000unit or 3000unit, icanbant 30mg/3ml |
| Ruzurgi 10 Mg Tab | Removed from formulary (drug list) | |
| Rybelsus 14 Mg Tab | Added prior authorization | |
| Rybelsus 3 Mg Tab | Added prior authorization | |

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| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| Rybelsus 7 Mg Tab | Added prior authorization | |
| Santyl 250 Unit/Gm Ointment | Moved to higher tier - Tier 4 | |
| Scopolamine 1 Mg/3Days Patch 72Hr | Removed prior authorization | |
| Sevelamer Carbonate 800 Mg Tab | Moved to higher tier - Tier 3 | |
| Sirolimus 2 Mg Tab | Moved to lower tier - Tier 4 | |
| Sirturo 100 Mg Tab | Removed quantity limit | |
| Sirturo 20 Mg Tab | Removed quantity limit | |
| Skyrizi (150 Mg Dose) 75 Mg/0.83MI Pref Sy Kt | Added quantity limit | |
| Skyrizi 150 Mg/MI Soln Prsyr | Added quantity limit | |
| Skyrizi 180 Mg/1.2MI Soln Cart | Added quantity limit | |
| Skyrizi 360 Mg/2.4MI Soln Cart | Added quantity limit | |
| Skyrizi 600 Mg/10MI Solution | Added quantity limit | |
| Skyrizi Pen 150 Mg/MI Soln A-Inj | Added quantity limit | |
| Stelara 130 Mg/26MI Solution | Added quantity limit | |
| Stelara 45 Mg/0.5MI Soln Prsyr | Added quantity limit | |
| Stelara 45 Mg/0.5MI Solution | Added quantity limit | |
| Stelara 90 Mg/MI Soln Prsyr | Added quantity limit | |

| Drug Name | Description of Change | Alternative |
|--|--|---|
| Symbicort 160-4.5 Mcg/Act Aerosol | Removed from formulary (drug list) | budesonide-formoterol fumarate 80-4.5 mcg/act aerosol budesonide-formoterol fumarate 160-4.5 mcg/act aerosol |
| Symbicort 80-4.5 Mcg/Act Aerosol | Removed from formulary (drug list) | budesonide-formoterol fumarate 80-4.5 mcg/act aerosol budesonide-formoterol fumarate 160-4.5 mcg/act aerosol |
| Tavalisse 100 Mg Tab | Removed from formulary (drug list) | |
| Tavalisse 150 Mg Tab | Removed from formulary (drug list) | |
| Teriparatide (Recombinant) 620 Mcg/2.48MI Soln Pen | Added to Tier 5 with prior authorization | |
| Theophylline 80 Mg/15MI Elixir | Removed from formulary (drug list) | theophylline 100mg and 200mg tablets |
| Theophylline 80 Mg/15MI Solution | Removed from formulary (drug list) | theophylline 100mg and 200mg tablets |

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| Drug Name | Description of Change | Alternative |
|---|------------------------------------|------------------------------|
| Thiola Ec 100 Mg Tab Dr | Removed from formulary (drug list) | penicillamine 250mg tablet |
| Thiola Ec 300 Mg Tab Dr | Removed from formulary (drug list) | penicillamine 250mg tablet |
| Trelstar Mixject 11.25 Mg Recon Susp | Moved to lower tier - Tier 4 | |
| Trelstar Mixject 22.5 Mg Recon Susp | Moved to lower tier - Tier 4 | |
| Trelstar Mixject 3.75 Mg Recon Susp | Moved to lower tier - Tier 4 | |
| Triazolam 0.125 Mg Tab | Moved to higher tier - Tier 4 | zolpidem 5mg and 10mg tablet |
| Triazolam 0.25 Mg Tab | Moved to higher tier - Tier 4 | zolpidem 5mg and 10mg tablet |
| Trulicity 0.75 Mg/0.5MI Soln Pen | Added prior authorization | |
| Trulicity 1.5 Mg/0.5MI Soln Pen | Added prior authorization | |
| Trulicity 3 Mg/0.5MI Soln Pen | Added prior authorization | |
| Trulicity 4.5 Mg/0.5MI Soln Pen | Added prior authorization | |
| Truseltiq (100Mg Daily Dose) 100 Mg Cap Thpk | Removed from formulary (drug list) | |
| Truseltiq (125Mg Daily Dose) 100 & 25 Mg Cap Thpk | Removed from formulary (drug list) | |
| Truseltiq (50Mg Daily Dose) 25 Mg Cap Thpk | Removed from formulary (drug list) | |

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| Drug Name | Description of Change | Alternative |
|--|--|---------------------------------------|
| Truseltiq (75Mg Daily Dose) 25 Mg Cap Thpk | Removed from formulary (drug list) | |
| Varizig 125 Unit/1.2MI Solution | Removed from formulary (drug list) | |
| Verquvo 10 Mg Tab | Added to Tier 4 with prior authorization | |
| Verquvo 2.5 Mg Tab | Added to Tier 4 with prior authorization | |
| Verquvo 5 Mg Tab | Added to Tier 4 with prior authorization | |
| Victoza 18 Mg/3MI Soln Pen | Added prior authorization | |
| Voriconazole 200 Mg Recon Soln | Moved to lower tier - Tier 4 | |
| Voriconazole 40 Mg/MI Recon Susp | Moved to lower tier - Tier 4 | |
| Xifaxan 200 Mg Tab | Moved to lower tier - Tier 4 | |
| Xolair 150 Mg Recon Soln | Added quantity limit | |
| Xolair 150 Mg/MI Soln Prsyr | Added quantity limit | |
| Xolair 75 Mg/0.5MI Soln Prsyr | Added quantity limit | |
| Yuvaferm 10 Mcg Tab | Moved to higher tier - Tier 3 | estradiol 0.5mg, 1mg, and 2mg tablets |
| Zontivity 2.08 Mg Tab | Removed from formulary (drug list) | |

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