Blue Shield Rx Plus (PDP)

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.
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, even if you haven't paid your deductible.

Drug Tier Key
Tier 1: Preferred Generic Drugs
Tier 2: Generic Drugs
Tier 3: Preferred Brand Drugs
Tier 4: Non-Preferred Drugs
Tier 5: Specialty Tier Drugs

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Cefpodoxime Proxetil 50 MG/5ML RECON SUSP	Removed from formulary (drug list)	Cefpodoxime Proxetil Tablet
Cefpodoxime Proxetil 100 MG/5ML RECON SUSP	Removed from formulary (drug list)	Cefpodoxime Proxetil Tablet
E.E.S. 400 400 MG TAB	Removed from formulary (drug list)	Erythromycin Base 250mg and 500mg Tablet
Erythromycin Ethylsuccinate 400 MG TAB	Removed from formulary (drug list)	Erythromycin Base 250mg and 500mg Tablet
Tigecycline 50 MG RECON SOLN	Moved to a lower tier - Tier 4	
Amphotericin B Liposome 50 MG RECON SUSP	Added to formulary (drug list) - Tier 4	
Caspofungin Acetate 50 MG RECON SOLN	Removed from formulary (drug list)	Micafungin Sodium 50mg and 100mg RECON SOLN
Caspofungin Acetate 70 MG RECON SOLN	Removed from formulary (drug list)	Micafungin Sodium 50mg and 100mg RECON SOLN
Prezista 75 MG TAB	Moved to a lower tier - Tier 4	
Darunavir 600 MG TAB	Moved to a lower tier - Tier 4	
Emtricitabine-Tenofovir DF 100-150 MG TAB	Moved to a lower tier - Tier 4	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Emtricitabine-Tenofovir DF 133-200 MG TAB	Moved to a lower tier - Tier 4	
Emtricitabine-Tenofovir DF 167-250 MG TAB	Moved to a lower tier - Tier 4	
Efavirenz-Emtricitab-Tenofo DF 600-200-300 MG TAB	Moved to a lower tier - Tier 4	
Vosevi 400-100-100 MG TAB	Added to formulary (drug list) - Tier 5	
Mercaptopurine 50 MG TAB	Moved to a lower tier - Tier 3	
Trelstar Mixject 3.75 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Trelstar Mixject 11.25 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Trelstar Mixject 22.5 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Firmagon 80 MG RECON SOLN	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Firmagon (240 MG Dose) 120 MG/VIAL RECON SOLN	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Imbruvica 140 MG TAB	Added to formulary (drug list) - Tier 5	
Imbruvica 560 MG TAB	Added to formulary (drug list) - Tier 5	
Dexamethasone 0.5 MG/5ML SOLUTION	Moved to a higher tier - Tier 4	Dexamethasone 0.5 MG Tablet
Estradiol 0.5 MG TAB	Moved to a lower tier - Tier 2	
Estradiol 1 MG TAB	Moved to a lower tier - Tier 2	
Estradiol 2 MG TAB	Moved to a lower tier - Tier 2	
Megestrol Acetate 625 MG/5ML SUSPENSION	Removed from formulary (drug list)	Dronabinol Capsule
NovoLOG ReliOn 100 UNIT/ML SOLUTION	Added to formulary (drug list) - Tier 3	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
NovoLOG 100 UNIT/ML SOLUTION	Added to formulary (drug list) - Tier 3	
Insulin Aspart 100 UNIT/ML SOLUTION	Added to formulary (drug list) - Tier 3	
NovoLOG FlexPen ReliOn 100 UNIT/ML SOLN PEN	Added to formulary (drug list) - Tier 3	
NovoLOG FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list) - Tier 3	
Insulin Aspart FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list) - Tier 3	
NovoLOG PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list) - Tier 3	
Insulin Aspart PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list) - Tier 3	
Fiasp 100 UNIT/ML SOLUTION	Added to formulary (drug list) - Tier 3	
Fiasp FlexTouch 100 UNIT/ML SOLN PEN	Added to formulary (drug list) - Tier 3	
Fiasp PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list) - Tier 3	
Fiasp PumpCart 100 UNIT/ML SOLN CART	Added to formulary (drug list) - Tier 3	
NovoLIN R FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list) - Tier 3	
NovoLIN R FlexPen ReliOn 100 UNIT/ML SOLN PEN	Added to formulary (drug list) - Tier 3	
Dapagliflozin Propanediol 5 MG TAB	Added to formulary (drug list) - Tier 3	
Dapagliflozin Propanediol 10 MG TAB	Added to formulary (drug list) - Tier 3	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Alendronate Sodium 10 MG TAB	Moved to a lower tier - Tier 1	
Alendronate Sodium 35 MG TAB	Moved to a lower tier - Tier 1	
Alendronate Sodium 70 MG TAB	Moved to a lower tier - Tier 1	
Revcovi 2.4 MG/1.5ML SOLUTION	Added to formulary (drug list) - Tier 5	
Calcitriol 1 MCG/ML SOLUTION	Removed from formulary (drug list)	Calcitriol Capsule
Nitrostat 0.3 MG SL TAB	Removed from formulary (drug list)	Nitroglycerin 0.3mg, 0.4mg, 0.6mg Tablet
Nitroglycerin 0.3 MG SL TAB	Moved to a lower tier - Tier 2	
Nitrostat 0.4 MG SL TAB	Removed from formulary (drug list)	Nitroglycerin 0.3mg, 0.4mg, 0.6mg Tablet
Nitroglycerin 0.4 MG SL TAB	Moved to a lower tier - Tier 2	
Nitrostat 0.6 MG SL TAB	Removed from formulary (drug list)	Nitroglycerin 0.3mg, 0.4mg, 0.6mg Tablet
Nitroglycerin 0.6 MG SL TAB	Moved to a lower tier - Tier 2	
Propranolol HCl ER 60 MG CAP ER 24H	Moved to a lower tier - Tier 2	
Propranolol HCl ER 80 MG CAP ER 24H	Moved to a lower tier - Tier 2	
Propranolol HCl ER 120 MG CAP ER 24H	Moved to a lower tier - Tier 2	
Propranolol HCl ER 160 MG CAP ER 24H	Moved to a lower tier - Tier 2	
Verapamil HCl ER 100 MG CAP ER 24H	Removed from formulary (drug list)	Verapamil 120mg, 180mg, 240mg Extended Release Tablet
Verapamil HCl ER 200 MG CAP ER 24H	Removed from formulary (drug list)	Verapamil 120mg, 180mg, 240mg Extended Release Tablet
Propafenone HCl 150 MG TAB	Moved to a lower tier - Tier 2	
Propafenone HCl 225 MG TAB	Moved to a lower tier - Tier 2	
Propafenone HCl 300 MG TAB	Moved to a lower tier - Tier 2	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Candesartan Cilexetil 4 MG TAB	Moved to a higher tier - Tier 4	Valsartan Tablet, Olmesartan Tablet
Candesartan Cilexetil 8 MG TAB	Moved to a higher tier - Tier 4	Valsartan Tablet, Olmesartan Tablet
Candesartan Cilexetil 16 MG TAB	Moved to a higher tier - Tier 4	Valsartan Tablet, Olmesartan Tablet
Candesartan Cilexetil 32 MG TAB	Moved to a higher tier - Tier 4	Valsartan Tablet, Olmesartan Tablet
Olmesartan Medoxomil 5 MG TAB	Moved to a lower tier - Tier 2	
Olmesartan Medoxomil 20 MG TAB	Moved to a lower tier - Tier 2	
Olmesartan Medoxomil 40 MG TAB	Moved to a lower tier - Tier 2	
CloNIDine HCl 0.1 MG TAB	Moved to a lower tier - Tier 1	
CloNIDine HCl 0.2 MG TAB	Moved to a lower tier - Tier 1	
CloNIDine HCl 0.3 MG TAB	Moved to a lower tier - Tier 1	
Prazosin HCl 1 MG CAP	Moved to a lower tier - Tier 2	
Prazosin HCl 2 MG CAP	Moved to a lower tier - Tier 2	
Prazosin HCl 5 MG CAP	Moved to a lower tier - Tier 2	
Olmesartan-Amlodipine-HCTZ 20-5-12.5 MG TAB	Removed from formulary (drug list)	Olmesartan-HCTZ with Amlodipine Tablet
Olmesartan-Amlodipine-HCTZ 40-5-12.5 MG TAB	Removed from formulary (drug list)	Olmesartan-HCTZ with Amlodipine Tablet
Olmesartan-Amlodipine-HCTZ 40-5-25 MG TAB	Removed from formulary (drug list)	Olmesartan-HCTZ with Amlodipine Tablet
Olmesartan-Amlodipine-HCTZ 40-10-12.5 MG TAB	Removed from formulary (drug list)	Olmesartan-HCTZ with Amlodipine Tablet
Olmesartan-Amlodipine-HCTZ 40-10-25 MG TAB	Removed from formulary (drug list)	Olmesartan-HCTZ with Amlodipine Tablet
acetaZOLAMIDE 125 MG TAB	Moved to a lower tier - Tier 2	
AcetaZOLAMIDE 250 MG TAB	Moved to a lower tier - Tier 2	
Triamterene-HCTZ 37.5-25 MG CAP	Moved to a lower tier - Tier 1	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Triamterene-HCTZ 37.5-25 MG TAB	Moved to a lower tier - Tier 1	
Triamterene-HCTZ 75-50 MG TAB	Moved to a lower tier - Tier 1	
Midodrine HCl 10 MG TAB	Moved to a lower tier - Tier 3	
Droxidopa 100 MG CAP	Moved to a lower tier - Tier 4	
Droxidopa 200 MG CAP	Moved to a lower tier - Tier 4	
Droxidopa 300 MG CAP	Moved to a lower tier - Tier 4	
EPINEPHrine 0.3 MG/0.3ML SOLN A-INJ	Moved to a higher tier - Tier 3	
Colestipol HCl 1 GM TAB	Moved to a higher tier - Tier 4	Cholestyramine 4 GM PACKET
Azelastine HCl 0.1 % SOLUTION	Moved to a lower tier - Tier 2	
Azelastine HCl 137 MCG/SPRAY SOLUTION	Moved to a lower tier - Tier 2	
Albuterol Sulfate 2 MG/5ML SYRUP	Added to formulary (drug list) - Tier 4	
Albuterol Sulfate 8 MG/20ML SYRUP	Added to formulary (drug list) - Tier 4	
Levalbuterol Tartrate 45 MCG/ACT AEROSOL	Removed from formulary (drug list)	Albuterol HFA Inhaler
Qvar RediHaler 40 MCG/ACT AERO BA	Added to formulary (drug list) - Tier 3	
Qvar RediHaler 80 MCG/ACT AERO BA	Added to formulary (drug list) - Tier 3	
Pulmicort Flexhaler 90 MCG/ACT AER POW BA	Removed from formulary (drug list)	Qvar Inhaler, Asmanex Inhaler
Pulmicort Flexhaler 180 MCG/ACT AER POW BA	Removed from formulary (drug list)	Qvar Inhaler, Asmanex Inhaler
Asmanex HFA 50 MCG/ACT AEROSOL	Added to formulary (drug list) - Tier 3	
Asmanex HFA 100 MCG/ACT AEROSOL	Added to formulary (drug list) - Tier 3	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Asmanex HFA 200 MCG/ACT AEROSOL	Added to formulary (drug list) - Tier 3	
Asmanex (30 Metered Doses) 110 MCG/ACT AER POW BA	Added to formulary (drug list) - Tier 3	
Asmanex (7 Metered Doses) 110 MCG/ACT AER POW BA	Added to formulary (drug list) - Tier 3	
Asmanex (120 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list) - Tier 3	
Asmanex (60 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list) - Tier 3	
Asmanex (14 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list) - Tier 3	
Asmanex (30 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list) - Tier 3	
Prolastin-C 1000 MG/20ML SOLUTION	Removed from formulary (drug list)	Aralast NP Solution
Aralast NP 500 MG RECON SOLN	Added to formulary (drug list) - Tier 5	
Aralast NP 1000 MG RECON SOLN	Added to formulary (drug list) - Tier 5	
Prolastin-C 1000 MG RECON SOLN	Removed from formulary (drug list)	Aralast NP Solution
Zenpep 3000-10000 UNIT CP DR PART	Added to formulary (drug list) - Tier 3	
Zenpep 5000-24000 UNIT CP DR PART	Added to formulary (drug list) - Tier 3	
Zenpep 10000-32000 UNIT CP DR PART	Added to formulary (drug list) - Tier 3	
Zenpep 15000-47000 UNIT CP DR PART	Added to formulary (drug list) - Tier 3	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Zenpep 20000-63000 UNIT CP DR PART	Added to formulary (drug list) - Tier 3	
Zenpep 25000-79000 UNIT CP DR PART	Added to formulary (drug list) - Tier 3	
Zenpep 40000-126000 UNIT CP DR PART	Added to formulary (drug list) - Tier 3	
Zenpep 60000-189600 UNIT CP DR PART	Added to formulary (drug list) - Tier 3	
Lubiprostone 8 MCG CAP	Moved to a lower tier - Tier 2	
Lubiprostone 24 MCG CAP	Moved to a lower tier - Tier 2	
Mesalamine 4 GM ENEMA	Moved to a higher tier - Tier 4	Mesalamine ER 0.375 GM Capsule ER 24H
Yesintek 130 MG/26ML SOLUTION	Added to formulary (drug list) - Tier 5	
Rezdiffra 60 MG TAB	Added to formulary (drug list) - Tier 5	
Rezdiffra 80 MG TAB	Added to formulary (drug list) - Tier 5	
Rezdiffra 100 MG TAB	Added to formulary (drug list) - Tier 5	
Tolterodine Tartrate 1 MG TAB	Added to formulary (drug list) - Tier 4	
Tolterodine Tartrate 2 MG TAB	Added to formulary (drug list) - Tier 4	
Tolterodine Tartrate ER 2 MG CAP ER 24H	Added to formulary (drug list) - Tier 4	
Tolterodine Tartrate ER 4 MG CAP ER 24H	Added to formulary (drug list) - Tier 4	
Gemtesa 75 MG TAB	Moved to a lower tier - Tier 3	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Vandazole 0.75 % GEL	Removed from formulary (drug list)	Metronidazole 0.75 % Gel
Cystagon 50 MG CAP	Removed from formulary (drug list)	
Cystagon 150 MG CAP	Removed from formulary (drug list)	
Dutasteride 0.5 MG CAP	Moved to a higher tier - Tier 4	Finasteride 5 mg Tablet
Silodosin 4 MG CAP	Moved to a higher tier - Tier 4	Tamsulosin Capsule, Alfuzosin Tablet
Silodosin 8 MG CAP	Moved to a higher tier - Tier 4	Tamsulosin Capsule, Alfuzosin Tablet
fluvoxaMINE Maleate 25 MG TAB	Moved to a higher tier - Tier 4	Paroxetine Tablet, Escitalopram Tablet
fluvoxaMINE Maleate 50 MG TAB	Moved to a higher tier - Tier 4	Paroxetine Tablet, Escitalopram Tablet
fluvoxaMINE Maleate 100 MG TAB	Moved to a higher tier - Tier 4	Paroxetine Tablet, Escitalopram Tablet
buPROPion HCl ER (XL) 150 MG TAB ER 24H	Moved to a lower tier - Tier 2	
buPROPion HCl ER (XL) 300 MG TAB ER 24H	Moved to a lower tier - Tier 2	
Fanapt 6 MG TAB	Moved to a lower tier - Tier 4	
Fanapt 8 MG TAB	Moved to a lower tier - Tier 4	
Fanapt 10 MG TAB	Moved to a lower tier - Tier 4	
Fanapt 12 MG TAB	Moved to a lower tier - Tier 4	
Abilify Asimtufii 720 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Abilify Asimtufii 960 MG/3.2ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 441 MG/1.6ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Aristada 662 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada Initio 675 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 882 MG/3.2ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 1064 MG/3.9ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Triazolam 0.125 MG TAB	Removed from formulary (drug list)	Temazepam 15mg and 30mg Capsule
Triazolam 0.25 MG TAB	Removed from formulary (drug list)	Temazepam 15mg and 30mg Capsule
Dextroamphetamine Sulfate 20 MG TAB	Removed from formulary (drug list)	Dextroamphetamine Sulfate 5mg and 10mg Tablet
Amphetamine-Dextroamphet ER 5 MG CAP ER 24H	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Immediate Release Tablet (Generic Adderall)
Amphetamine-Dextroamphet ER 10 MG CAP ER 24H	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Immediate Release Tablet (Generic Adderall)
Amphetamine-Dextroamphet ER 15 MG CAP ER 24H	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Immediate Release Tablet (Generic Adderall)
Amphetamine-Dextroamphet ER 20 MG CAP ER 24H	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Immediate Release Tablet (Generic Adderall)

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Amphetamine-Dextroamphet ER 25 MG CAP ER 24H	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Immediate Release Tablet (Generic Adderall)
Amphetamine-Dextroamphet ER 30 MG CAP ER 24H	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Immediate Release Tablet (Generic Adderall)
Memantine HCl 28 x 5 MG & 21 x 10 MG TAB	Removed from formulary (drug list)	Memantine 5mg and 10mg Tablet
Dimethyl Fumarate 120 MG CAP DR	Moved to a lower tier - Tier 4	
Dimethyl Fumarate Starter Pack 120 & 240 MG CPDR THPK	Moved to a lower tier - Tier 4	
Lybalvi 5-10 MG TAB	Removed from formulary (drug list)	
Lybalvi 10-10 MG TAB	Removed from formulary (drug list)	
Lybalvi 15-10 MG TAB	Removed from formulary (drug list)	
Lybalvi 20-10 MG TAB	Removed from formulary (drug list)	
HYDROmorphone HCl 2 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
HYDROmorphone HCl 4 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
HYDROmorphone HCl 8 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
Methadone HCl 5 MG/5ML SOLUTION	Removed from formulary (drug list)	Morphine Sulfate 20 MG/5ML SOLUTION
Methadone HCl 10 MG/5ML SOLUTION	Removed from formulary (drug list)	Morphine Sulfate 20 MG/5ML SOLUTION

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
OxyCODONE HCl 5 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
oxyCODONE HCl 10 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
OxyCODONE HCl 15 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
oxyCODONE HCl 20 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
OxyCODONE HCl 30 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
Diclofenac Sodium ER 100 MG TAB ER 24H	Moved to a lower tier - Tier 3	
Tyenne 162 MG/0.9ML SOLN A-INJ	Added to formulary (drug list) - Tier 5	
Tyenne 162 MG/0.9ML SOLN PRSYR	Added to formulary (drug list) - Tier 5	
Ubrelvy 50 MG TAB	Removed from formulary (drug list)	Nurtec 75mg Tablet
Ubrelvy 100 MG TAB	Removed from formulary (drug list)	Nurtec 75mg Tablet
Emgality 120 MG/ML SOLN A-INJ	Added to formulary (drug list) - Tier 3	
Emgality (300 MG Dose) 100 MG/ML SOLN PRSYR	Added to formulary (drug list) - Tier 3	
Emgality 120 MG/ML SOLN PRSYR	Added to formulary (drug list) - Tier 3	
Ergotamine-Caffeine 1-100 MG TAB	Added to formulary (drug list) - Tier 3	
Migergot 2-100 MG SUPPOS	Removed from formulary (drug list)	Sumatriptan Succinate 25mg, 50mg, 100mg Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Dilantin 30 MG CAP	Added to formulary (drug list) - Tier 4	
LevETIRAcetam ER 500 MG TAB ER 24H	Moved to a lower tier - Tier 2	
LevETIRAcetam ER 750 MG TAB ER 24H	Moved to a lower tier - Tier 2	
Pregabalin 25 MG CAP	Moved to a higher tier - Tier 4	Gabapentin Capsule (Generic Neurontin)
Pregabalin 50 MG CAP	Moved to a higher tier - Tier 4	Gabapentin Capsule (Generic Neurontin)
Pregabalin 75 MG CAP	Moved to a higher tier - Tier 4	Gabapentin Capsule (Generic Neurontin)
Pregabalin 100 MG CAP	Moved to a higher tier - Tier 4	Gabapentin Capsule (Generic Neurontin)
Pregabalin 150 MG CAP	Moved to a higher tier - Tier 4	Gabapentin Capsule (Generic Neurontin)
Pregabalin 200 MG CAP	Moved to a higher tier - Tier 4	Gabapentin Capsule (Generic Neurontin)
Pregabalin 225 MG CAP	Moved to a higher tier - Tier 4	Gabapentin Capsule (Generic Neurontin)
Pregabalin 300 MG CAP	Moved to a higher tier - Tier 4	Gabapentin Capsule (Generic Neurontin)
Pregabalin 20 MG/ML SOLUTION	Moved to a higher tier - Tier 4	Gabapentin Solution (Generic Neurontin)
Baclofen 15 MG TAB	Removed from formulary (drug list)	Baclofen 5mg, 10mg, 20mg Tablet
Dantrolene Sodium 25 MG CAP	Removed from formulary (drug list)	Baclofen 5mg, 10mg, 20mg Tablet
Dantrolene Sodium 50 MG CAP	Removed from formulary (drug list)	Baclofen 5mg, 10mg, 20mg Tablet
Dantrolene Sodium 100 MG CAP	Removed from formulary (drug list)	Baclofen 5mg, 10mg, 20mg Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Warfarin Sodium 1 MG TAB	Moved to a lower tier - Tier 1	
Jantoven 1 MG TAB	Moved to a lower tier - Tier 1	
Warfarin Sodium 2 MG TAB	Moved to a lower tier - Tier 1	
Jantoven 2 MG TAB	Moved to a lower tier - Tier 1	
Warfarin Sodium 2.5 MG TAB	Moved to a lower tier - Tier 1	
Jantoven 2.5 MG TAB	Moved to a lower tier - Tier 1	
Warfarin Sodium 3 MG TAB	Moved to a lower tier - Tier 1	
Jantoven 3 MG TAB	Moved to a lower tier - Tier 1	
Warfarin Sodium 4 MG TAB	Moved to a lower tier - Tier 1	
Jantoven 4 MG TAB	Moved to a lower tier - Tier 1	
Warfarin Sodium 5 MG TAB	Moved to a lower tier - Tier 1	
Jantoven 5 MG TAB	Moved to a lower tier - Tier 1	
Warfarin Sodium 6 MG TAB	Moved to a lower tier - Tier 1	
Jantoven 6 MG TAB	Moved to a lower tier - Tier 1	
Warfarin Sodium 7.5 MG TAB	Moved to a lower tier - Tier 1	
Jantoven 7.5 MG TAB	Moved to a lower tier - Tier 1	
Warfarin Sodium 10 MG TAB	Moved to a lower tier - Tier 1	
Jantoven 10 MG TAB	Moved to a lower tier - Tier 1	
Dabigatran Etexilate Mesylate 75 MG CAP	Added to formulary (drug list) - Tier 4	
Dabigatran Etexilate Mesylate 110 MG CAP	Added to formulary (drug list) - Tier 4	
Dabigatran Etexilate Mesylate 150 MG CAP	Added to formulary (drug list) - Tier 4	
Timolol Maleate 0.25 % SOLUTION	Moved to a lower tier - Tier 1	
Timolol Maleate 0.5 % SOLUTION	Moved to a lower tier - Tier 1	
Tobramycin-Dexamethasone 0.3-0.1 % SUSPENSION	Moved to a higher tier - Tier 4	Neomycin-Polymyxin-Dexameth 0.1 % SUSPENSION,

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
		Sulfacetamide-Prednisolone 10-0.23 % SOLUTION
Latanoprost 0.005 % SOLUTION	Moved to a lower tier - Tier 1	
Restasis MultiDose 0.05 % EMULSION	Removed from formulary (drug list)	Restasis 0.05 % Emulsion (Non-Multidose bottle)
Xiidra 5 % SOLUTION	Moved to a lower tier - Tier 3	
Ilevro 0.3 % SUSPENSION	Added to formulary (drug list) - Tier 3	
Cystaran 0.44 % SOLUTION	Removed from formulary (drug list)	
Diclofenac Sodium 1 % GEL	Removed from formulary (drug list)	Diclofenac Sodium 1.5 % SOLUTION
Yesintek 45 MG/0.5ML SOLUTION	Added to formulary (drug list) - Tier 4	
Yesintek 45 MG/0.5ML SOLN PRSYR	Added to formulary (drug list) - Tier 4	
Yesintek 90 MG/ML SOLN PRSYR	Added to formulary (drug list) - Tier 5	
Clobetasol Propionate 0.05 % LIQUID	Added to formulary (drug list) - Tier 4	
Clobetasol Propionate 0.05 % FOAM	Added to formulary (drug list) - Tier 4	
Clobetasol Propionate 0.05 % GEL	Removed from formulary (drug list)	Clobetasol Propionate 0.05% Cream, Solution, Foam
Clobetasol Propionate 0.05 % OINTMENT	Removed from formulary (drug list)	Clobetasol Propionate 0.05% Cream, Solution, Foam
Desoximetasone 0.25 % OINTMENT	Removed from formulary (drug list)	Mometasone Furoate 0.1 % OINTMENT

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Fluocinonide 0.05 % SOLUTION	Moved to a higher tier - Tier 4	Mometasone Furoate 0.1 % OINTMENT, Triamcinolone acetonide 0.5%
Fluocinonide 0.05 % CREAM	Moved to a higher tier - Tier 4	Mometasone Furoate 0.1 % OINTMENT, Triamcinolone acetonide 0.5%
Fluocinonide 0.1 % CREAM	Added to formulary (drug list) - Tier 3	
Fluocinonide 0.05 % GEL	Moved to a higher tier - Tier 4	Mometasone Furoate 0.1 % OINTMENT, Triamcinolone acetonide 0.5%
Fluocinonide 0.05 % OINTMENT	Moved to a higher tier - Tier 4	Mometasone Furoate 0.1 % OINTMENT, Triamcinolone acetonide 0.5%
Halobetasol Propionate 0.05 % CREAM	Moved to a higher tier - Tier 4	Betamethasone Dipropionate Aug 0.05 % OINTMENT
Halobetasol Propionate 0.05 % OINTMENT	Moved to a higher tier - Tier 4	Betamethasone Dipropionate Aug 0.05 % OINTMENT
Kloxxado 8 MG/0.1ML LIQUID	Added to formulary (drug list) - Tier 4	
Revlimid 2.5 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 5 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Revlimid 10 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 15 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 20 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 25 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Rezurock 200 MG TAB	Removed from formulary (drug list)	Imbruvica Capsule or Tablet, Jakafi Tablet
Everolimus 0.25 MG TAB	Moved to a lower tier - Tier 4	
Liletta (52 MG) 20.1 MCG/DAY IUD	Removed prior authorization	
Calcitriol 0.25 MCG CAP	Removed prior authorization	
Calcitriol 0.5 MCG CAP	Removed prior authorization	
Roflumilast 500 MCG TAB	Removed prior authorization	
Rocaltrol 0.25 MCG CAP	Removed prior authorization	
Rocaltrol 0.5 MCG CAP	Removed prior authorization	
Rocaltrol 1 MCG/ML SOLUTION	Removed prior authorization	
Roflumilast 250 MCG TAB	Removed prior authorization	
Tremfya One-Press 100 MG/ML SOLN A-INJ	Added quantity limit	
Sprycel 20 MG TAB	Updated quantity limit	
Bosentan 62.5 MG TAB	Updated quantity limit	
Icosapent Ethyl 0.5 GM CAP	Updated quantity limit	
Prucalopride Succinate 1 MG TAB	Updated quantity limit	
Lyrica CR 82.5 MG TAB ER 24H	Updated quantity limit	
Lyrica CR 165 MG TAB ER 24H	Updated quantity limit	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Cyclobenzaprine HCl ER 15 MG CAP ER 24H	Updated quantity limit	
Chloroquine Phosphate 250 MG TAB	Updated quantity limit	
Doxepin HCl 3 MG TAB	Updated quantity limit	
Xigduo XR 10-1000 MG TAB ER 24H	Updated quantity limit	
Topiramate ER 25 MG CAP ER 24H	Updated quantity limit	
Topiramate ER 50 MG CAP ER 24H	Updated quantity limit	
Lurasidone HCl 120 MG TAB	Updated quantity limit	
Juxtapid 5 MG CAP	Updated quantity limit	
Juxtapid 10 MG CAP	Updated quantity limit	
Juxtapid 20 MG CAP	Updated quantity limit	
Kapspargo Sprinkle 25 MG CP24 SPRNK	Updated quantity limit	
Kapspargo Sprinkle 50 MG CP24 SPRNK	Updated quantity limit	
Kapspargo Sprinkle 100 MG CP24 SPRNK	Updated quantity limit	
Sohonos 1 MG CAP	Updated quantity limit	
Sohonos 1.5 MG CAP	Updated quantity limit	
Sohonos 2.5 MG CAP	Updated quantity limit	
Trokendi XR 25 MG CAP ER 24H	Updated quantity limit	
Trokendi XR 50 MG CAP ER 24H	Updated quantity limit	
Palforzia Initial Dose 1-3yrs 0.5 & 1 & 1.5 & 3 MG CSPK	Updated quantity limit	
Silenor 3 MG TAB	Updated quantity limit	
Dasatinib 20 MG TAB	Updated quantity limit	
Pregabalin ER 82.5 MG TAB ER 24H	Updated quantity limit	
Pregabalin ER 165 MG TAB ER 24H	Updated quantity limit	
Orkambi 75-94 MG PACKET	Updated quantity limit	
Orkambi 100-125 MG TAB	Updated quantity limit	
Vascepa 0.5 GM CAP	Updated quantity limit	
Veltassa 1 GM PACKET	Updated quantity limit	
Motegrity 1 MG TAB	Updated quantity limit	
metroNIDAZOLE 125 MG TAB	Updated quantity limit	
Abilify MyCite 2 MG TAB	Updated quantity limit	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Abilify MyCite 5 MG TAB	Updated quantity limit	
Abilify MyCite 10 MG TAB	Updated quantity limit	
Abilify MyCite 15 MG TAB	Updated quantity limit	
Latuda 120 MG TAB	Updated quantity limit	
Amrix 15 MG CAP ER 24H	Updated quantity limit	
Lyvispah 5 MG PACKET	Updated quantity limit	
Tracleer 62.5 MG TAB	Updated quantity limit	
Dapagliflozin Pro-metFORMIN ER 10-1000 MG TAB ER 24H	Updated quantity limit	
Prevymis 480 MG TAB	Updated quantity limit	
oxyCODONE-Acetaminophen 5-325 MG/5ML SOLUTION	Updated quantity limit	
Xolair 75 MG/0.5ML SOLN PRSYR	Updated quantity limit	
Xolair 75 MG/0.5ML SOLN A-INJ	Updated quantity limit	
Xolair 150 MG/ML SOLN PRSYR	Updated quantity limit	
Xolair 150 MG/ML SOLN A-INJ	Updated quantity limit	
Simlandi (1 Pen) 80 MG/0.8ML AUT-IJ KIT	Updated quantity limit	
Simlandi (1 Syringe) 80 MG/0.8ML PREF SY KT	Updated quantity limit	
Thalomid 50 MG CAP	Updated quantity limit	
Thalomid 100 MG CAP	Updated quantity limit	
Promacta 12.5 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Promacta 12.5 MG PACKET	Removed from formulary (drug list)	Eltrombopag Olamine Packet
Promacta 25 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Promacta 25 MG PACKET	Removed from formulary (drug list)	Eltrombopag Olamine Packet
Promacta 50 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Promacta 75 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Eltrombopag Olamine12.5 MG TAB	Added to formulary (drug list) - Tier 5	
Eltrombopag Olamine 12.5 MG PACKET	Added to formulary (drug list) - Tier 5	
Eltrombopag Olamine 25 MG TAB	Added to formulary (drug list) - Tier 5	
Eltrombopag Olamine 25 MG PACKET	Added to formulary (drug list) - Tier 5	
Eltrombopag Olamine 50 MG TAB	Added to formulary (drug list) - Tier 5	
Eltrombopag Olamine 75 MG TAB	Added to formulary (drug list) - Tier 5	
Tasigna 150 MG CAP	Removed from formulary (drug list)	Nilotinib HCL Capsule
Tasigna 200 MG CAP	Removed from formulary (drug list)	Nilotinib HCL Capsule
Tasigna 50 MG CAP	Removed from formulary (drug list)	Nilotinib HCL Capsule
Nilotinib HCL 150 MG	Added to formulary (drug list) - Tier 5	
Nilotinib HCL 200 MG	Added to formulary (drug list) - Tier 5	
Nilotinib HCL 50 MG	Added to formulary (drug list) - Tier 5	
Jubbonti Subcutaneous Solution Prefilled Syringe 60 MG/ML	Added to formulary (drug list) - Tier 4	
Ustekinumab 45 MG/0.5ML SOLUTION	Added to formulary (drug list) - Tier 5	
Ustekinumab 45 MG/0.5ML SOLN PRSYR	Added to formulary (drug list) - Tier 5	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Ustekinumab 90 MG/ML SOLN PRSYR	Added to formulary (drug list) - Tier 5	
Ustekinumab 130 MG/26ML SOLUTION	Added to formulary (drug list) - Tier 5	
Wyost 120 MG/1.7ML SOLUTION	Added to formulary (drug list) - Tier 5	
FULPHILA 6 MG/0.6ML SOLN PRSYR	Added to formulary (drug list) - Tier 5	
Stelara 45 MG/0.5ML SOLUTION	Removed from formulary (drug list)	Ustekinumab 45 MG/0.5ML SOLUTION
Stelara 45 MG/0.5ML SOLN PRSYR	Removed from formulary (drug list)	Ustekinumab 45 MG/0.5ML SOLN PRSYR
Stelara 90 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Ustekinumab 90 MG/ML SOLN PRSYR
Ustekinumab-aekn 45 MG/0.5ML SOLN PRSYR	Added to formulary (drug list) - Tier 4	
Ustekinumab-aekn 90 MG/ML SOLN PRSYR	Added to formulary (drug list) - Tier 5	
Udenyca 6 MG/0.6ML SOLN PRSYR	Added to formulary (drug list) - Tier 5	
Udenyca 6 MG/0.6ML SOLN A-INJ	Added to formulary (drug list) - Tier 5	

For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost.
Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio.
如欲免費獲取中文協助，請撥打您ID 卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療**狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。**