



Blue Shield of California Medicare Rx Plan (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. |
| 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 | This Part D vaccines is at no cost to you. 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 |
|-----------------------------------|
| gen: Generic Drugs |
| brd: Preferred Brand Drugs |
| npd: Non-Preferred Drugs |
| inj: Injectable Drugs |
| spec: Specialty Tier Drugs |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|--------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Advair Diskus 100-50 Mcg/Act | 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 | Removed from formulary (drug list) | Fluticasone propionate / Salmeterol 100-50mg Fluticasone propionate / Salmeterol 250-50mg Fluticasone propionate / Salmeterol 500-50mg |
| Advair Diskus 500-50 Mcg/Act | 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 - npd (Tier 3) | |
| Alosetron Hcl 0.5 Mg Tab | Moved to lower tier - npd (Tier 3) | |
| Alosetron Hcl 1 Mg Tab | Moved to lower tier - npd (Tier 3) | |
| Aranesp (Albumin Free) 100 Mcg/MI Solution | Moved to lower tier - inj (Tier 4) | |
| Berinert 500 Unit Kit | Removed from formulary (drug list) | Icatibant 30mg/3ml |
| Budesonide-Formoterol Fumarate 160-4.5 Mcg/Act Aerosol | Added to brd (Tier 2) | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|-------------------------------------------------------|------------------------------------|-------------|
| Budesonide-Formoterol Fumarate 80-4.5 Mcg/Act Aerosol | Added to brd (Tier 2) | |
| Buprenorphine Hcl 2 Mg SI Tab | Updated quantity limit | |
| Buprenorphine Hcl 8 Mg SI Tab | Updated quantity limit | |
| Bupropion Hcl Er (XI) 450 Mg Tab Er 24H | 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 | |
| Carbinoxamine Maleate 4 Mg Tab | Removed from formulary (drug list) | |
| Carbinoxamine Maleate 4 Mg/5MI Solution | Removed from formulary (drug list) | |
| Carisoprodol 250 Mg Tab | Removed from formulary (drug list) | |
| Carisoprodol-Aspirin 200-325 Mg Tab | Removed from formulary (drug list) | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|------------------------------------------------|------------------------------------|--------------------------------|
| Carisoprodol-Aspirin-Codeine 200-325-16 Mg Tab | Removed from formulary (drug list) | |
| 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) | |
| Chlordiazepoxide-Amitriptyline 10-25 Mg Tab | Removed from formulary (drug list) | |
| Chlordiazepoxide-Amitriptyline 5-12.5 Mg Tab | Removed from formulary (drug list) | |
| Cinryze 500 Unit Recon Soln | Removed from formulary (drug list) | Haegarda 2000unit or 3000unit, |
| Clemastine Fumarate 2.68 Mg Tab | Removed from formulary (drug list) | |
| Cyclobenzaprine Hcl 7.5 Mg Tab | Removed from formulary (drug list) | |
| Cyproheptadine Hcl 2 Mg/5MI Syrup | Removed from formulary (drug list) | |
| Depo-Subq Provera 104 104 Mg/0.65MI Susp Prsyr | Added to inj (Tier 4) | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|-----------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 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 |
| Digoxin 0.05 Mg/MI Solution | Removed from formulary (drug list) | Digoxin 125mcg and 250mcg Tablet |
| Duavee 0.45-20 Mg Tab | Removed from formulary (drug list) | |
| Dupixent 100 Mg/0.67MI Soln Prsyr | Added to spec (Tier 5) with prior authorization | |
| Dupixent 200 Mg/1.14MI Soln Pen | Added to spec (Tier 5) with prior authorization | |
| Dupixent 200 Mg/1.14MI Soln Prsyr | Added to spec (Tier 5) with prior authorization | |
| Dupixent 300 Mg/2MI Soln Pen | Added to spec (Tier 5) with prior authorization | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|--------------------------------------|-------------------------------------------------|-------------|
| Dupixent 300 Mg/2MI Soln Prsyr | Added to spec (Tier 5) with prior authorization | |
| 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 spec (Tier 5) with prior authorization | |
| Fabrazyme 35 Mg Recon Soln | Removed from formulary (drug list) | |
| Fabrazyme 5 Mg Recon Soln | Removed from formulary (drug list) | |
| Fexmid 7.5 Mg Tab | Removed from formulary (drug list) | |
| Fioricet 50-300-40 Mg Cap | Removed from formulary (drug list) | |
| Firdapse 10 Mg Tab | Removed from formulary (drug list) | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|-----------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Flovent Diskus 100 Mcg/Act | Removed from formulary (drug list) | Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg |
| Flovent Diskus 250 Mcg/Act | 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 | 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 |
| 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 |
| Genotropin 12 Mg Cartridge | Added to spec (Tier 5) with prior authorization | |
| Genotropin 5 Mg Cartridge | Added to spec (Tier 5) with prior authorization | |
| Genotropin Miniquick 0.2 Mg Prsyr | Added to spec (Tier 5) with prior authorization | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|-----------------------------------|-------------------------------------------------|-----------------------------------------|
| Genotropin Miniquick 0.4 Mg Prsyr | Added to spec (Tier 5) with prior authorization | |
| Genotropin Miniquick 0.6 Mg Prsyr | Added to spec (Tier 5) with prior authorization | |
| Genotropin Miniquick 0.8 Mg Prsyr | Added to spec (Tier 5) with prior authorization | |
| Genotropin Miniquick 1 Mg Prsyr | Added to spec (Tier 5) with prior authorization | |
| Genotropin Miniquick 1.2 Mg Prsyr | Added to spec (Tier 5) with prior authorization | |
| Genotropin Miniquick 1.4 Mg Prsyr | Added to spec (Tier 5) with prior authorization | |
| Genotropin Miniquick 1.6 Mg Prsyr | Added to spec (Tier 5) with prior authorization | |
| Genotropin Miniquick 1.8 Mg Prsyr | Added to spec (Tier 5) with prior authorization | |
| Genotropin Miniquick 2 Mg Prsyr | Added to spec (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 | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|-------------------------------------------------------------------|-----------------------|-------------|
| Humira 10 Mg/0.2MI Pref Sy Kt | Added quantity limit | |
| Humira 20 Mg/0.2MI Pref Sy Kt | Added quantity limit | |
| 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 | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|----------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 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 | Removed from formulary (drug list) | Spirvia handihaler |
| Itraconazole 100 Mg Cap | Removed prior authorization | |
| Ivermectin 0.5 % Lotion | Removed from formulary (drug list) | |
| Juxtapid 10 Mg Cap | Removed from formulary (drug list) | Repatha Pushtonex 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 Pushtonex 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 Pushtonex System 420 MG/3.5ML SOLN CART Repatha SureClick 140 MG/ML SOLN A-INJ Repatha 140 MG/ML SOLN PRSYR |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|----------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Juxtapid 40 Mg Cap | Removed from formulary (drug list) | Repatha Pushtonex 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 Pushtonex 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 Pushtonex System 420 MG/3.5ML SOLN CART Repatha SureClick 140 MG/ML SOLN A-INJ Repatha 140 MG/ML SOLN PRSYR |
| Ketoprofen 25 Mg Cap | Removed from formulary (drug list) | Ibuprofen 400mg, 600mg, and 800mg Tablet |
| Ketoprofen 50 Mg Cap | Removed from formulary (drug list) | Ibuprofen 400mg, 600mg, and 800mg Tablet |
| Ketoprofen 75 Mg Cap | Removed from formulary (drug list) | Ibuprofen 400mg, 600mg, and 800mg Tablet |
| Ketorolac Tromethamine 10 Mg Tab | Removed from formulary (drug list) | |
| Levemir 100 Unit/MI Solution | Removed from formulary (drug list) | |
| Levemir Flextouch 100 Unit/MI Soln Pen | Removed from formulary (drug list) | |

| Drug Name | Description of Change | Alternative |
|-----------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 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 |

Effective 1/1/2024

| 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 |
| Lyumjev 100 Unit/MI Solution | Removed from formulary (drug list) | Humalog Kwikpen Insulin Lispro Vials |
| 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 |
| 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 |
| Meperidine Hcl 50 Mg Tab | Removed from formulary (drug list) | |
| Meperidine Hcl 50 Mg/5MI Solution | Removed from formulary (drug list) | |
| Moxifloxacin Hcl 400 Mg/250MI Solution | Added to inj (Tier 4) with prior authorization | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Moxifloxacin Hcl In Nacl 400 Mg/250MI Solution | Added to inj (Tier 4) with prior authorization | |
| Nityr 10 Mg Tab | Removed from formulary (drug list) | nitisinone 2mg, 5mg, and 10mg capsules |
| Nityr 2 Mg Tab | Removed from formulary (drug list) | nitisinone 2mg, 5mg, and 10mg capsules |
| Nityr 5 Mg Tab | Removed from formulary (drug list) | nitisinone 2mg, 5mg, and 10mg capsules |
| Norditropin Flexpro 10 Mg/1.5MI Soln Pen | Removed from formulary (drug list) | Genotropin MiniQuick 0.2 MG PRSYR Genotropin MiniQuick 0.4 MG PRSYR Genotropin MiniQuick 0.6 MG PRSYR Genotropin MiniQuick 0.8 MG PRSYR Genotropin MiniQuick 1 MG PRSYR Genotropin MiniQuick 1.2 MG PRSYR Genotropin MiniQuick 1.4 MG PRSYR Genotropin MiniQuick 1.6 MG PRSYR Genotropin MiniQuick 1.8 MG PRSYR Genotropin MiniQuick 2 MG PRSYR Genotropin 12 MG CARTRIDGE Genotropin 5 MG CARTRIDGE |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Norditropin Flexpro 15 Mg/1.5MI Soln Pen | Removed from formulary (drug list) | Genotropin MiniQuick 0.2 MG PRSYR Genotropin MiniQuick 0.4 MG PRSYR Genotropin MiniQuick 0.6 MG PRSYR Genotropin MiniQuick 0.8 MG PRSYR Genotropin MiniQuick 1 MG PRSYR Genotropin MiniQuick 1.2 MG PRSYR Genotropin MiniQuick 1.4 MG PRSYR Genotropin MiniQuick 1.6 MG PRSYR Genotropin MiniQuick 1.8 MG PRSYR Genotropin MiniQuick 2 MG PRSYR Genotropin 12 MG CARTRIDGE Genotropin 5 MG CARTRIDGE |
| Norditropin Flexpro 30 Mg/3MI Soln Pen | Removed from formulary (drug list) | Genotropin MiniQuick 0.2 MG PRSYR Genotropin MiniQuick 0.4 MG PRSYR Genotropin MiniQuick 0.6 MG PRSYR Genotropin MiniQuick 0.8 MG PRSYR Genotropin MiniQuick 1 MG PRSYR Genotropin MiniQuick 1.2 MG PRSYR Genotropin MiniQuick 1.4 MG PRSYR Genotropin MiniQuick 1.6 MG PRSYR Genotropin MiniQuick 1.8 MG PRSYR Genotropin MiniQuick 2 MG PRSYR 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 PRSYR Genotropin MiniQuick 0.4 MG PRSYR Genotropin MiniQuick 0.6 MG PRSYR Genotropin MiniQuick 0.8 MG PRSYR Genotropin MiniQuick 1 MG PRSYR Genotropin MiniQuick 1.2 MG PRSYR Genotropin MiniQuick 1.4 MG PRSYR Genotropin MiniQuick 1.6 MG PRSYR Genotropin MiniQuick 1.8 MG PRSYR Genotropin MiniQuick 2 MG PRSYR Genotropin 12 MG CARTRIDGE Genotropin 5 MG CARTRIDGE |
| Nurtec 75 Mg Tab Disp | Added to spec (Tier 5) with prior authorization | |
| Octreotide Acetate 1000 Mcg/MI Solution | Moved to lower tier - inj (Tier 4) | |
| Octreotide Acetate 500 Mcg/MI Solution | Moved to lower tier - inj (Tier 4) | |
| Orbactiv 400 Mg Recon Soln | Removed from formulary (drug list) | |
| Orphenadrine Citrate Er 100 Mg Tab Er 12H | Removed from formulary (drug list) | |
| Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/1.5MI Soln Pen | Added prior authorization | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|-------------------------------------------------|------------------------------------|--------------------------------|
| 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 | |
| Ozempic (1 Mg/Dose) 4 Mg/3MI Soln Pen | Added prior authorization | |
| Ozempic (2 Mg/Dose) 8 Mg/3MI Soln Pen | Added prior authorization | |
| Prednicarbate 0.1 % Cream | Removed from formulary (drug list) | Triamcinolone Mometasone |
| Prednicarbate 0.1 % Ointment | Removed from formulary (drug list) | Triamcinolone Mometasone |
| 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 |
| Promethegan 50 Mg Suppos | Removed from formulary (drug list) | Promethazine 25mg Tablet |
| Propantheline Bromide 15 Mg Tab | Removed from formulary (drug list) | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|-----------------------------------------------|------------------------------------|---------------------------------------------------|
| Ravicti 1.1 Gm/MI Liquid | Removed from formulary (drug list) | sodium phenylbutyrate 500mg tablet |
| 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, Icatibant 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 | |
| Rybelsus 7 Mg Tab | Added prior authorization | |
| Scopolamine 1 Mg/3Days Patch 72Hr | Removed prior authorization | |
| 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 | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|-----------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 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 | |
| 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 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 |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 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 |
| 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) | |
| Tencon 50-325 Mg Tab | Added to gen (Tier 1) with prior authorization | |
| Teriparatide (Recombinant) 620 Mcg/2.48ML Soln Pen | Added to spec (Tier 5) with prior authorization | |
| Trelstar Mixject 11.25 Mg Recon Susp | Moved to lower tier - inj (Tier 4) | |
| Trelstar Mixject 22.5 Mg Recon Susp | Moved to lower tier - inj (Tier 4) | |
| Trelstar Mixject 3.75 Mg Recon Susp | Moved to lower tier - inj (Tier 4) | |
| Trulicity 0.75 Mg/0.5ML Soln Pen | Added prior authorization | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|---------------------------------------------------|------------------------------------------------|-------------|
| 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) | |
| 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 npd (Tier 3) with prior authorization | |
| Verquvo 2.5 Mg Tab | Added to npd (Tier 3) with prior authorization | |
| Verquvo 5 Mg Tab | Added to npd (Tier 3) with prior authorization | |
| Victoza 18 Mg/3MI Soln Pen | Added prior authorization | |

Effective 1/1/2024

| Drug Name | Description of Change | Alternative |
|--------------------------------|------------------------------------|-------------|
| Voriconazole 200 Mg Recon Soln | Moved to lower tier - inj (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 | |

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