



## Blue Shield 65 Plus (HMO)

### 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.
EDC	Enhanced Drug Coverage	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, even if you haven't paid your deductible. Call Customer Service for more information.

#### Blue Shield of California

601 12th Street, Oakland, CA 94607-3613

Blue Shield of California is an independent member of the Blue Shield Association

Y0118\_24\_467B\_C 08212024

H2819\_24\_467A\_C Accepted 10092024

[blueshieldca.com](https://blueshieldca.com)

<b>INS</b>	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	
<b>gen:</b>	Generic Drugs
<b>brd:</b>	Preferred Brand Drugs
<b>npd:</b>	Non-Preferred Drugs
<b>inj:</b>	Injectable Drugs
<b>spec:</b>	Specialty Tier Drugs

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Nafcillin Sodium 10 GM RECON SOLN	Moved to lower tier- Tier 4	
Cefaclor 125 MG/5ML RECON SUSP	Removed from formulary (drug list)	Cefaclor 250 mg, 500 mg capsule
Cefaclor 375 MG/5ML RECON SUSP	Removed from formulary (drug list)	Cefaclor 250 mg, 500 mg capsule
Cefditoren Pivoxil 200 MG TAB	Removed from formulary (drug list)	Cefdinir 300 mg capsule
Cefditoren Pivoxil 400 MG TAB	Removed from formulary (drug list)	Cefdinir 300 mg capsule
Suprax 100 MG CHEW TAB	Removed from formulary (drug list)	Cefixime 400 mg capsule
Suprax 200 MG CHEW TAB	Removed from formulary (drug list)	Cefixime 400 mg capsule
Suprax 500 MG/5ML RECON SUSP	Removed from formulary (drug list)	Cefixime 400 mg capsule
Cefotaxime Sodium 1 GM RECON SOLN	Removed from formulary (drug list)	
Cefotaxime Sodium 2 GM RECON SOLN	Removed from formulary (drug list)	
Ciprofloxacin HCl 100 MG TAB	Removed from formulary (drug list)	Ciprofloxacin HCl 250 mg, 500 mg tablet
Arikayce 590 MG/8.4ML SUSPENSION	Added to formulary - Tier 5	
Paromomycin Sulfate 250 MG CAP	Removed from formulary (drug list)	Metronidazole 250 mg, 500 mg tablet
Tobi Podhaler 28 MG CAP	Removed from formulary (drug list)	Tobramycin 300 mg/5 ml, 300 mg/ 4 ml nebulizer solution
Paser 4 GM PACKET	Removed from formulary (drug list)	
Capastat Sulfate 1 GM RECON SOLN	Removed from formulary (drug list)	
Isoniazid 100 MG/ML SOLUTION	Removed from formulary (drug list)	Isoniazid 50 mg/5ml syrup
Rifater 50-120-300 MG TAB	Removed from formulary (drug list)	Isoniazid 100 mg, 300 mg tablet; Rifampin 150 mg capsule; Pyrazinamide 500 mg tablet; Ethambutol 100 mg, 400 mg tablet

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Amphotericin B Liposome 50 MG RECON SUSP	Removed from formulary (drug list)	Amphotericin B 50 mg recon solution
Cresemba 74.5 MG CAP	Removed from formulary (drug list)	Voriconazole 50 mg, 200 mg tab
Cresemba 186 MG CAP	Removed from formulary (drug list)	Voriconazole 50 mg, 200 mg tab
Cresemba 372 MG RECON SOLN	Removed from formulary (drug list)	Voriconazole 50 mg, 200 mg tab
Caspofungin Acetate 50 MG RECON SOLN	Moved to lower tier- Tier 4	
Micafungin Sodium 50 MG RECON SOLN	Moved to lower tier- Tier 4	
Micafungin Sodium 100 MG RECON SOLN	Moved to lower tier- Tier 4	
Crixivan 200 MG CAP	Removed from formulary (drug list)	
Crixivan 400 MG CAP	Removed from formulary (drug list)	
Norvir 100 MG CAP	Removed quantity limit	
Aptivus 100 MG/ML SOLUTION	Removed from formulary (drug list)	
Didanosine 200 MG CAP DR	Removed from formulary (drug list)	
Didanosine 250 MG CAP DR	Removed from formulary (drug list)	
Didanosine 400 MG CAP DR	Removed from formulary (drug list)	
Livtencity 200 MG TAB	Added to formulary - Tier 5	
Pegasys ProClick 180 MCG/0.5ML SOLN A-INJ	Removed from formulary (drug list)	
Harvoni 45-200 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Ledipasvir-Sofosbuvir 90-400 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Harvoni 90-400 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Harvoni 33.75-150 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Harvoni 45-200 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 200-50 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Sofosbuvir-Velpatasvir 400-100 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 400-100 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 150-37.5 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 200-50 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Vosevi 400-100-100 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Lagevrio 200 MG CAP	Removed from formulary (drug list)	Paxlovid (300/100) 20 x 150 mg & 10 x 100 mg, (150/100) 10 x 150 mg & 10 x 100 mg tablet
Paxlovid (150/100) 10 x 150 MG & 10 x 100MG TAB THPK	Updated quantity limit	
Paxlovid (300/100) 20 x 150 MG & 10 x 100MG TAB THPK	Updated quantity limit	

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Stromectol 3 MG TAB	Removed quantity limit	
Ertapenem Sodium 1 GM RECON SOLN	Moved to lower tier - Tier 1	
Chloramphenicol Sod Succinate 1 GM RECON SOLN	Removed from formulary (drug list)	
Clindamycin Phosphate 300 MG/2ML SOLUTION	Removed from formulary (drug list)	Clindamycin 300mg capsule
Synercid 150-350 MG RECON SOLN	Removed from formulary (drug list)	
Vancomycin HCl 5 GM RECON SOLN	Added to formulary - Tier 4	
Dengvaxia RECON SUSP	Moved to higher tier - Tier 4	
Flebogamma DIF 0.5 GM/10ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Flebogamma DIF 2.5 GM/50ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaplex 5 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Flebogamma DIF 5 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Flebogamma DIF 10 GM/200ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaplex 10 GM/200ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Flebogamma DIF 20 GM/400ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaplex 20 GM/400ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Privigen 5 GM/50ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Flebogamma DIF 5 GM/50ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Bivigam 5 GM/50ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaplex 5 GM/50ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Privigen 10 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Flebogamma DIF 10 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Bivigam 10 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaplex 10 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution



**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Flebogamma DIF 20 GM/200ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Privigen 20 GM/200ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaplex 20 GM/200ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Privigen 40 GM/400ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammagard S/D Less IgA 5 GM RECON SOLN	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Carimune NF 6 GM RECON SOLN	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Gammagard S/D Less IgA 10 GM RECON SOLN	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Carimune NF 12 GM RECON SOLN	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammagard 1 GM/10ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaked 1 GM/10ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammagard 2.5 GM/25ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaked 5 GM/50ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Gammagard 5 GM/50ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaked 10 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammagard 10 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaked 20 GM/200ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammagard 20 GM/200ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammagard 30 GM/300ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Beyfortus 50 MG/0.5ML SOLN PRSYR	Removed from formulary (drug list)	

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Beyfortus 100 MG/ML SOLN PRSYR	Removed from formulary (drug list)	
Exkivity 40 MG CAP	Removed from formulary (drug list)	
Emcyt 140 MG CAP	Removed from formulary (drug list)	
HYDROXYprogesterone Caproate 1.25 GM/5ML SOLUTION	Removed from formulary (drug list)	
Depo-Provera 400 MG/ML SUSPENSION	Removed from formulary (drug list)	
Leuprolide Acetate 1 MG/0.2ML KIT	Moved to lower tier- Tier 4	
Imbruvica 140 MG CAP	Updated quantity limit	
Imbruvica 140 MG TAB	Updated quantity limit	
Imbruvica 560 MG TAB	Removed from formulary (drug list)	Imbruvica 70 mg, 140 mg capsule; 280 mg, 420 mg tablet
Imbruvica 70 MG/ML SUSPENSION	Updated quantity limit	
Turalio 200 MG CAP	Removed from formulary (drug list)	
Zejula 100 MG CAP	Removed from formulary (drug list)	Zejula 100 mg, 200 mg, 300 mg tablet
Xpovio (40 MG Once Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	
Xpovio (40 MG Twice Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	
Xpovio (100 MG Once Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	
Xpovio (80 MG Once Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	
Xpovio (60 MG Once Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Intron A 6000000 UNIT/ML SOLUTION	Removed from formulary (drug list)	
Intron A 10000000 UNIT/ML SOLUTION	Removed from formulary (drug list)	
Intron A 10000000 UNIT RECON SOLN	Removed from formulary (drug list)	
Intron A 18000000 UNIT RECON SOLN	Removed from formulary (drug list)	
Intron A 50000000 UNIT RECON SOLN	Removed from formulary (drug list)	
Dexamethasone Sodium Phosphate 4 MG/ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension
Dexamethasone Sodium Phosphate 10 MG/ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension
dexAMETHasone Sodium Phosphate 20 MG/5ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension
Dexamethasone Sodium Phosphate 120 MG/30ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Dexamethasone Sodium Phosphate 100 MG/10ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension
MethylPREDNISolone Acetate 80 MG/ML SUSPENSION	Added to formulary - Tier 4	
Oxandrolone 2.5 MG TAB	Removed from formulary (drug list)	
Oxandrolone 10 MG TAB	Removed from formulary (drug list)	
Anadrol-50 50 MG TAB	Removed from formulary (drug list)	
Emzahh 0.35 MG TAB	Added to formulary - Tier 1	
MedroxyPROGESTERone Acetate 150 MG/ML SUSPENSION	Moved to lower tier - Tier 1	
MedroxyPROGESTERone Acetate 150 MG/ML SUSP PRSYR	Moved to lower tier - Tier 1	
Depo-SubQ Provera 104 104 MG/0.65ML SUSP PRSYR	Moved to lower tier- Tier 2	
Liletta (52 MG) 20.1 MCG/DAY IUD	Added to formulary - Tier 2	
Nexplanon 68 MG IMPLANT	Added to formulary - Tier 2	
Joyeaux 0.1-20 MG-MCG(21) TAB	Added to formulary - Tier 1	
Levonorgest-Eth Estradiol-Iron 0.1-20 MG-MCG(21) TAB	Added to formulary - Tier 1	
Humalog Mix 50/50 (50-50) 100 UNIT/ML SUSPENSION	Removed from formulary (drug list)	Humalog Mix 50/50 Kwikpen

**Effective 1/1/2025**

Drug Name	Description of Change	Alternative
Byetta 5 MCG Pen 5 MCG/0.02ML SOLN PEN	Removed from formulary (drug list)	Mounjaro 2.5 mg/0.5 ml, 5mg/0.5 ml, 7.5mg/0.5 ml, 10 mg/0.5 ml, 15 mg/0.5 ml, 12.5mg/0.5 ml solution pen; Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen; Trulicity 0.75 mg/0.5 ml, 1.5 mg/0.5 ml, Trulicity 3 mg/0.5 ml, 4.5 mg/0.5 ml solution pen
Byetta 10 MCG Pen 10 MCG/0.04ML SOLN PEN	Removed from formulary (drug list)	Mounjaro 2.5 mg/0.5 ml, 5mg/0.5 ml, 7.5mg/0.5 ml, 10 mg/0.5 ml, 15 mg/0.5 ml, 12.5mg/0.5 ml solution pen; Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen; Trulicity 0.75 mg/0.5 ml, 1.5 mg/0.5 ml, Trulicity 3 mg/0.5 ml, 4.5 mg/0.5 ml solution pen

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Victoza 18 MG/3ML SOLN PEN	Removed from formulary (drug list)	Mounjaro 2.5 mg/0.5 ml, 5mg/0.5 ml, 7.5mg/0.5 ml, 10 mg/0.5 ml, 15 mg/0.5 ml, 12.5mg/0.5 ml solution pen; Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen; Trulicity 0.75 mg/0.5 ml, 1.5 mg/0.5 ml, Trulicity 3 mg/0.5 ml, 4.5 mg/0.5 ml solution pen
Ozempic (0.25 or 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	Removed from formulary (drug list)	Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen
Ozempic (1 MG/DOSE) 2 MG/1.5ML SOLN PEN	Removed from formulary (drug list)	Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen
TOLBUTamide 500 MG TAB	Removed from formulary (drug list)	Glyburide 1.25 mg, 2.5 mg, 5 mg tablet
Natpara 25 MCG CARTRIDGE	Removed from formulary (drug list)	
Natpara 50 MCG CARTRIDGE	Removed from formulary (drug list)	
Natpara 75 MCG CARTRIDGE	Removed from formulary (drug list)	
Natpara 100 MCG CARTRIDGE	Removed from formulary (drug list)	
Forteo 600 MCG/2.4ML SOLN PEN	Removed from formulary (drug list)	Tymlos 3120 mcg/1.56 ml pen solution
Genotropin 5 MG CARTRIDGE	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin 12 MG CARTRIDGE	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge



**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Genotropin MiniQuick 0.2 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 0.4 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 0.6 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 0.8 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.2 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.4 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.6 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.8 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 2 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Egriftra 1 MG RECON SOLN	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Egriftra SV 2 MG RECON SOLN	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Somatuline Depot 60 MG/0.2ML SOLUTION	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
Somatuline Depot 90 MG/0.3ML SOLUTION	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
Lanreotide Acetate 120 MG/0.5ML SOLUTION	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
SandoSTATIN LAR Depot 10 MG KIT	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
SandoSTATIN LAR Depot 20 MG KIT	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
SandoSTATIN LAR Depot 30 MG KIT	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
Veozah 45 MG TAB	Added to formulary - Tier 3	

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Strensiq 18 MG/0.45ML SOLUTION	Removed from formulary (drug list)	
Strensiq 28 MG/0.7ML SOLUTION	Removed from formulary (drug list)	
Strensiq 40 MG/ML SOLUTION	Removed from formulary (drug list)	
Strensiq 80 MG/0.8ML SOLUTION	Removed from formulary (drug list)	
Myalept 11.3 MG RECON SOLN	Removed from formulary (drug list)	
Javygtor 100 MG TAB	Removed from formulary (drug list)	Sapropterin Dihydrochloride 100 mg tablet; 100 mg, 500 mg packet
Javygtor 100 MG PACKET	Removed from formulary (drug list)	Sapropterin Dihydrochloride 100 mg tablet; 100 mg, 500 mg packet
Javygtor 500 MG PACKET	Removed from formulary (drug list)	Sapropterin Dihydrochloride 100 mg tablet; 100 mg, 500 mg packet
Crysvita 10 MG/ML SOLUTION	Removed from formulary (drug list)	
Crysvita 20 MG/ML SOLUTION	Removed from formulary (drug list)	
Crysvita 30 MG/ML SOLUTION	Removed from formulary (drug list)	
Sorine 240 MG TAB	Removed from formulary (drug list)	Sorine 80 mg, 120 mg, 160 mg tablet
Aliskiren Fumarate 150 MG TAB	Removed prior authorization	
Aliskiren Fumarate 300 MG TAB	Removed prior authorization	
Diuril 250 MG/5ML SUSPENSION	Removed from formulary (drug list)	Hydrochlorthiazide 25 mg, 50 mg tablet
Ventavis 10 MCG/ML SOLUTION	Removed from formulary (drug list)	
Ventavis 20 MCG/ML SOLUTION	Removed from formulary (drug list)	
Vyndamax 61 MG CAP	Removed from formulary (drug list)	
Vyndaqel 20 MG CAP	Removed from formulary (drug list)	
Azelastine HCl 0.15 % SOLUTION	Removed from formulary (drug list)	Azelastine 0.1% solution

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Tiotropium Bromide Monohydrate 18 MCG CAP	Added to formulary - Tier 2	
Spiriva HandiHaler 18 MCG CAP	Removed from formulary (drug list)	Tiotropium Bromide Monohydrate 18 mcg capsule; Incruse Ellipta 62.5 mcg/act
Incruse Ellipta 62.5 MCG/ACT AER POW BA	Added to formulary - Tier 2	
Bevespi Aerosphere 9-4.8 MCG/ACT AEROSOL	Removed from formulary (drug list)	Anoro Ellipta 62.5-25 mcg/act aero solution; Stiolto Respimat 2.5-2.5 mcg/act aero solution
Stiolto Respimat 2.5-2.5 MCG/ACT AERO SOLN	Added to formulary - Tier 2	
Xolair 150 MG RECON SOLN	Removed from formulary (drug list)	Xolair 150 mg/ml, 300 mg/2 ml, 75 mg/0.5 ml auto-injection solution; Xolair 75 mg/2 ml, 150 mg/ml, 300 mg/ml prefilled syringe solution
Xolair 75 MG/0.5ML SOLN A-INJ	Updated quantity limit	
Xolair 150 MG/ML SOLN A-INJ	Updated quantity limit	
Xolair 75 MG/0.5ML SOLN PRSYR	Updated quantity limit	
Xolair 150 MG/ML SOLN PRSYR	Updated quantity limit	
Nucala 100 MG RECON SOLN	Removed from formulary (drug list)	Dupixent 200 mg/1.14 ml, 300 mg/2 ml, 100 mg/0.67 ml, 200 mg/1.14 ml, 300 mg/2 ml prefilled syringe solution

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Nucala 100 MG/ML SOLN A-INJ	Removed from formulary (drug list)	Dupixent 200 mg/1.14 ml, 300 mg/2 ml, 100 mg/0.67 ml, 200 mg/1.14 ml, 300 mg/2 ml prefilled syringe solution
Nucala 40 MG/0.4ML SOLN PRSYR	Removed from formulary (drug list)	Dupixent 200 mg/1.14 ml, 300 mg/2 ml, 100 mg/0.67 ml, 200 mg/1.14 ml, 300 mg/2 ml prefilled syringe solution
Nucala 100 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Dupixent 200 mg/1.14 ml, 300 mg/2 ml, 100 mg/0.67 ml, 200 mg/1.14 ml, 300 mg/2 ml prefilled syringe solution
Aralast NP 500 MG RECON SOLN	Removed from formulary (drug list)	Prolastin-C 1000 mg
Aralast NP 1000 MG RECON SOLN	Removed from formulary (drug list)	Prolastin-C 1000 mg
Symdeko 50-75 & 75 MG TAB THPK	Removed from formulary (drug list)	
Symdeko 100-150 & 150 MG TAB THPK	Removed from formulary (drug list)	
Cimetidine HCl 300 MG/5ML SOLUTION	Removed from formulary (drug list)	Cimetidine 300 mg tablet
Cimetidine HCl 400 MG/6.67ML SOLUTION	Removed from formulary (drug list)	Cimetidine 300 mg tablet
Granisetron HCl 1 MG/ML SOLUTION	Removed from formulary (drug list)	Granisetron Hcl 1 mg tablet
Granisetron HCl 4 MG/4ML SOLUTION	Removed from formulary (drug list)	Granisetron Hcl 1 mg tablet
Zenpep 3000-10000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 5000-24000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Zenpep 10000-32000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 15000-47000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 20000-63000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 25000-79000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 40000-126000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 60000-189600 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Sucraid 8500 UNIT/ML SOLUTION	Removed from formulary (drug list)	
Metoclopramide HCl 10 MG TAB DISP	Removed from formulary (drug list)	Metoclopramide 5 mg, 10 mg tablet
Bylvay 400 MCG CAP	Removed from formulary (drug list)	Rifampin 150mg, 300 mg capsule
Bylvay 1200 MCG CAP	Removed from formulary (drug list)	Rifampin 150mg, 300 mg capsule
Bylvay (Pellets) 200 MCG CAP SPRINK	Removed from formulary (drug list)	Rifampin 150mg, 300 mg capsule
Bylvay (Pellets) 600 MCG CAP SPRINK	Removed from formulary (drug list)	Rifampin 150mg, 300 mg capsule

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Zymfentra (2 Pen) 120 MG/ML AUT-IJ KIT	Updated quantity limit	
Vowst CAP	Added to formulary - Tier 5	
Gattex 5 MG KIT	Removed from formulary (drug list)	Omnitrope 5.8 mg recon solution; 10 mg/1.5 ml, 5 mg/1.5 ml solution cartridge
Relistor 8 MG/0.4ML SOLUTION	Removed from formulary (drug list)	Movantik 12.5 mg, 25 mg tablet
Relistor 12 MG/0.6ML SOLUTION	Removed from formulary (drug list)	Movantik 12.5 mg, 25 mg tablet
Cholbam 50 MG CAP	Removed from formulary (drug list)	
Cholbam 250 MG CAP	Removed from formulary (drug list)	
Calcium Acetate (Phos Binder) 667 MG CAP	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Calcium Acetate 667 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Calcium Acetate (Phos Binder) 667 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Phoslyra 667 MG/5ML SOLUTION	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Auryxia 1 GM 210 MG(Fe) TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Lanthanum Carbonate 500 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 500 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 750 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Lanthanum Carbonate 750 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 1000 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Lanthanum Carbonate 1000 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 750 MG PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 1000 MG PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	



**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Sevelamer Carbonate 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Renvela 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer Carbonate 0.8 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Renvela 0.8 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer Carbonate 2.4 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Renvela 2.4 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer HCl 400 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer HCl 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Renagel 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Velphoro 500 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Myrbetriq 8 MG/ML SRER	Added to formulary - Tier 2	
Gemtesa 75 MG TAB	Moved to higher tier - Tier 3	Myrbetriq 25 mg, 50 mg tablet ER 24 H
Procysbi 25 MG CAP DR	Removed from formulary (drug list)	Cystagon 50 mg, 150 mg capsule
Procysbi 75 MG CAP DR	Removed from formulary (drug list)	Cystagon 50 mg, 150 mg capsule
Tiopronin 100 MG TAB	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Tiopronin 100 MG TAB DR	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Thiola EC 100 MG TAB DR	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Tiopronin 300 MG TAB DR	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Thiola EC 300 MG TAB DR	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Viiibryd Starter Pack 10 & 20 MG KIT	Removed from formulary (drug list)	
Maprotiline HCl 25 MG TAB	Removed from formulary (drug list)	
Maprotiline HCl 50 MG TAB	Removed from formulary (drug list)	
Maprotiline HCl 75 MG TAB	Removed from formulary (drug list)	
Auvelity 45-105 MG TAB ER	Moved to lower tier - Tier 3	
risperiDONE Microspheres ER 25 MG SRER	Moved to lower tier- Tier 4	
Austedo 6 MG TAB	Removed from formulary (drug list)	
Austedo 9 MG TAB	Removed from formulary (drug list)	
Austedo 12 MG TAB	Removed from formulary (drug list)	

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Austedo XR 6 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 12 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 18 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 24 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 30 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 36 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 42 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 48 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR Patient Titration 6 & 12 & 24 MG TBER THPK	Removed from formulary (drug list)	
Austedo XR Patient Titration 12 & 18 & 24 & 30 MG TBER THPK	Removed from formulary (drug list)	
Ingrezza 40 MG CAP	Removed from formulary (drug list)	
Ingrezza 60 MG CAP	Removed from formulary (drug list)	
Ingrezza 80 MG CAP	Removed from formulary (drug list)	
Ingrezza 40 & 80 MG CAP THPK	Removed from formulary (drug list)	
Glatiramer Acetate 20 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Copaxone 20 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Glatiramer Acetate 20 mg/ml, 40 mg/ml prefilled syringe solution; Glatopa 20 mg/ml, 40 mg/ml prefilled syringe solution
Glatopa 20 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Glatiramer Acetate 40 MG/ML SOLN PRSYR	Added to formulary - Tier 5	

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Copaxone 40 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Glatiramer Acetate 20 mg/ml, 40 mg/ml prefilled syringe solution; Glatopa 20 mg/ml, 40 mg/ml prefilled syringe solution
Glatopa 40 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Plegridy 125 MCG/0.5ML SOLN PEN	Added quantity limit	
Plegridy Starter Pack 63 & 94 MCG/0.5ML SOLN PEN	Added quantity limit	
Plegridy 125 MCG/0.5ML SOLN PRSYR	Added quantity limit	
Plegridy 125 MCG/0.5ML SOLN PRSYR	Added quantity limit	
Plegridy Starter Pack 63 & 94 MCG/0.5ML SOLN PRSYR	Added quantity limit	
Tysabri 300 MG/15ML CONC	Removed from formulary (drug list)	Betaseron 0.3 mg Kit
Sodium Oxybate 500 MG/ML SOLUTION	Added to formulary - Tier 5	
Xyrem 500 MG/ML SOLUTION	Removed from formulary (drug list)	Sodium Oxybate 500 mg/ml solution
Zubsolv 0.7-0.18 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Zubsolv 1.4-0.36 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Zubsolv 2.9-0.71 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Zubsolv 5.7-1.4 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Zubsolv 8.6-2.1 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Zubsolv 11.4-2.9 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
oxyCODONE-Acetaminophen 5-325 MG/5ML SOLUTION	Updated quantity limit	Oxycodone-Acetaminophen 5-325 mg tablet
Oxycodone-Aspirin 4.8355-325 MG TAB	Removed from formulary (drug list)	Oxycodone-Acetaminophen 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg tablet
APAP-Caff-Dihydrocodeine 325-30-16 MG TAB	Removed from formulary (drug list)	Acetaminophen-Codeine 300-15 mg, 300-30 mg, 300-60 mg tablet
Dvorah 325-30-16 MG TAB	Removed from formulary (drug list)	Acetaminophen-Codeine 300-15 mg, 300-30 mg, 300-60 mg tablet
Ibuprofen 100 MG/5ML SUSPENSION	Added to formulary - Tier 1	
Humira (2 Pen) 40 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira-Ps/UV/Adol HS Starter 40 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Humira-CD/UC/HS Starter 40 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira (2 Pen) 40 MG/0.4ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pen 80 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pen-CD/UC/HS Starter 80 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira-Ped $\geq$ 40kg UC Starter 80 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pen-Psor/Uveit Starter 80 MG/0.8ML & 40MG/0.4ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Humira 10 MG/0.1ML PREF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira 20 MG/0.2ML PREF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira (2 Syringe) 40 MG/0.8ML PREF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira 40 MG/0.4ML PREF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pediatric Crohns Start 80 MG/0.8ML PREF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pediatric Crohns Start 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Hadlima PushTouch 40 MG/0.4ML SOLN A-INJ	Updated quantity limit	

**Effective 1/1/2025**

Drug Name	Description of Change	Alternative
Hadlima PushTouch 40 MG/0.8ML SOLN A-INJ	Updated quantity limit	
Hadlima 40 MG/0.4ML SOLN PRSYR	Updated quantity limit	
Hadlima 40 MG/0.8ML SOLN PRSYR	Updated quantity limit	
Ilaris 150 MG/ML SOLUTION	Removed from formulary (drug list)	
Dihydroergotamine Mesylate 1 MG/ML SOLUTION	Removed from formulary (drug list)	Sumatriptan Succinate 25 mg, 50 mg, 100 mg tablet
Nayzilam 5 MG/0.1ML SOLUTION	Moved to lower tier - Tier 3	
Xcopri (250 MG Daily Dose) 50 & 200 MG TAB THPK	Removed from formulary (drug list)	Felbamate 400 mg, 600 mg tablet; 600 mg/5 ml suspension
Peganone 250 MG TAB	Removed from formulary (drug list)	Phenytoin Sodium Extended 100 mg, 200 mg, 300 mg capsule
Dilantin-125 125 MG/5ML SUSPENSION	Added to formulary - Tier 2	
Neupro 1 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 2 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 3 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 4 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 6 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 8 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Guanidine HCl 125 MG TAB	Removed from formulary (drug list)	Drug discontinued
Taron-Prex 30-1.2-265 MG CAP	Removed from formulary (drug list)	Prenaissance 29-1.25-325 mg capsule; PNV-DHA+Docusate 27-1.25-300 mg capsule
Hepatamine 8 % SOLUTION	Removed from formulary (drug list)	Aminosyn II 10 % solution; Premasol 10 % solution



**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Cerdelga 84 MG CAP	Removed from formulary (drug list)	
Cerezyme 400 UNIT RECON SOLN	Removed from formulary (drug list)	
Yargesa 100 MG CAP	Removed from formulary (drug list)	
Miglustat 100 MG CAP	Removed from formulary (drug list)	
Dabigatran Etexilate Mesylate 110 MG CAP	Removed from formulary (drug list)	Xarelto 2.5 mg, 10 mg, 15 mg, 20 mg tablet; Eliquis 2.5 mg, 5 mg tablet
Xdemvy 0.25 % SOLUTION	Added to formulary - Tier 5	
Phenylephrine HCl 2.5 % SOLUTION	Removed from formulary (drug list)	Atropine Sulfate 1 % solution
Altafrin 2.5 % SOLUTION	Removed from formulary (drug list)	
Phenylephrine HCl 10 % SOLUTION	Removed from formulary (drug list)	Atropine Sulfate 1 % solution
Altafrin 10 % SOLUTION	Removed from formulary (drug list)	
Phospholine Iodide 0.125 % RECON SOLN	Removed from formulary (drug list)	Pilocarpine HCl 1 %, 2 %, 4% solution
Lastacaft 0.25 % SOLUTION	Removed from formulary (drug list)	Azelastine 0.05% solution
Olopatadine HCl 0.1 % SOLUTION	Removed from formulary (drug list)	
Olopatadine HCl 0.2 % SOLUTION	Removed from formulary (drug list)	
Pazeo 0.7 % SOLUTION	Removed from formulary (drug list)	
Prolensa 0.07 % SOLUTION	Removed from formulary (drug list)	Diclofenac Sodium 0.1%, Flurbiprofen 0.03%, Ketorolac Tromethamine 0.5% ophthalmic solution
Anusol-HC 2.5 % CREAM	Removed from formulary (drug list)	Proctosol HC 2.5% cream
Adapalene 0.1 % GEL	Removed from formulary (drug list)	Adapalene 0.1% cream
Myorisan 30 MG CAP	Removed from formulary (drug list)	Isotretinoin 30 MG capsule
Accutane 30 MG CAP	Removed from formulary (drug list)	Isotretinoin 30 MG capsule
Avita 0.025 % CREAM	Removed from formulary (drug list)	Tretinoin 0.025 % cream

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Avita 0.025 % GEL	Removed from formulary (drug list)	Tretinoin 0.025 % cream
Adapalene-Benzoyl Peroxide 0.1-2.5 % GEL	Removed from formulary (drug list)	Adapalene 0.3% gel
Adapalene-Benzoyl Peroxide 0.3-2.5 % GEL	Removed from formulary (drug list)	Adapalene 0.3% gel
Clindamycin Phos-Benzoyl Perox 1.2-2.5 % GEL	Removed from formulary (drug list)	Clindamycin Phosphate-Benzoyl Peroxide 1.2-5% gel
Clindamycin-Tretinoin 1.2-0.025 % GEL	Removed from formulary (drug list)	Tretinoin 0.025 % gel; Clindamycin Phosphate 1% gel
Ivermectin 1 % CREAM	Removed from formulary (drug list)	Permethrin 5 % cream
Ketodan 2 % FOAM	Removed from formulary (drug list)	Ketoconazole 2% cream; Ketoconazole 2% shampoo
Ketoconazole 2 % FOAM	Removed from formulary (drug list)	Ketoconazole 2% cream; Ketoconazole 2% shampoo
Miconazole-Zinc Oxide-Petrolat 0.25-15-81.35 % OINTMENT	Removed from formulary (drug list)	Ciclopirox Olamine 0.77% cream, suspension, gel; Clotrimazole 1 % cream; Econazole Nitrate 1 % cream
Vectical 3 MCG/GM OINTMENT	Added quantity limit	
Calcitriol 3 MCG/GM OINTMENT	Added quantity limit	
Tazarotene 0.05 % GEL	Added to formulary - Tier 1	
Tazarotene 0.1 % GEL	Added to formulary - Tier 1	
Taltz 80 MG/ML SOLN A-INJ	Removed from formulary (drug list)	Cosentyx 75 mg/0.5 ml, 150 mg/ml prefilled syringe solution
Taltz 80 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Cosentyx 75 mg/0.5 ml, 150 mg/ml prefilled syringe solution

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Cosentyx Sensoready Pen 150 MG/ML SOLN A-INJ	Added to formulary - Tier 5	
Cosentyx Sensoready (300 MG) 150 MG/ML SOLN A-INJ	Added to formulary - Tier 5	
Cosentyx UnoReady 300 MG/2ML SOLN A-INJ	Added to formulary - Tier 5	
Cosentyx 75 MG/0.5ML SOLN PRSYR	Added to formulary - Tier 5	
Cosentyx 150 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Cosentyx (300 MG Dose) 150 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Sodium Sulfacetamide-Bakuchiol 10 % LIQUID	Removed from formulary (drug list)	Sulfacetamide Sodium (Acne) 10 % lotion
Sulfamylon 85 MG/GM CREAM	Removed from formulary (drug list)	Silver Sulfadiazine 1 % cream
Desoximetasone 0.25 % LIQUID	Removed from formulary (drug list)	Betamethasone Dipropionate Aug 0.05 % cream
Capex 0.01 % SHAMPOO	Removed from formulary (drug list)	Fluocinonide 0.05 % solution
Fluocinonide 0.1 % CREAM	Removed from formulary (drug list)	Betamethasone Dipropionate 0.05 % cream, lotion, ointment; Fluocinonide 0.05 % cream, gel, ointment; Fluocinonide Emulsified Base 0.05 % cream; Triamcinolone Acetate 0.05 % cream, ointment
Calcipotriene-Betameth Diprop 0.005-0.064 % SUSPENSION	Added quantity limit	
Taclonex 0.005-0.064 % SUSPENSION	Added quantity limit	

**Effective 1/1/2025**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Enstilar 0.005-0.064 % FOAM	Added quantity limit	
Calcipotriene-Betameth Diprop 0.005-0.064 % OINTMENT	Added quantity limit	
Taclonex 0.005-0.064 % OINTMENT	Added quantity limit	
Lindane 1 % SHAMPOO	Removed from formulary (drug list)	Permethrin 5 % cream
Deferasirox 90 MG TAB	Removed from formulary (drug list)	Deferasirox 125 mg tablet solution
Deferasirox 180 MG TAB	Removed from formulary (drug list)	Deferasirox 250 mg, 500 mg tablet solution
Deferasirox 360 MG TAB	Removed from formulary (drug list)	Deferasirox 250 mg, 500 mg tablet solution
Naloxone HCl 2 MG/0.4ML SOLN A-INJ	Removed from formulary (drug list)	Naloxone Hcl 4 mg/10 ml; 0.4 mg/ml solution; Naloxone Hcl 0.4 mg/ml, 2 mg/2 ml prefilled syringe solution; Naloxone Hcl 4 mg/0.1 ml liquid
Lokelma 5 GM PACKET	Added to formulary - Tier 2	
Lokelma 10 GM PACKET	Added to formulary - Tier 2	
Veltassa 8.4 GM PACKET	Removed from formulary (drug list)	Lokelma 5 gm, 10 gm packet
Veltassa 16.8 GM PACKET	Removed from formulary (drug list)	Lokelma 5 gm, 10 gm packet
Veltassa 25.2 GM PACKET	Removed from formulary (drug list)	Lokelma 5 gm, 10 gm packet
Bronchitol 40 MG CAP	Updated quantity limit	

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。>