

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.

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

EFFECTIVE 02/2021

Drug Name	Description of Change	Alternative
ATRIPLA 600-200-300 MG TAB <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>efavirenz-emtricitab- tenofovir 600-200-300 mg tab</i>
BETHKIS 300 MG/4ML NEBU SOLN <i>tobramycin</i>	- Formulary Removal	<i>tobramycin 300 mg/4ml nebu soln</i>
CABENUVA 400 & 600 MG/2ML SUSP <i>cabotegravir & rilpivirine</i>	- QL Added: 4 / 30 OVER TIME - PA Added	
CABENUVA 600 & 900 MG/3ML SUSP <i>cabotegravir & rilpivirine</i>	- QL Added: 6 / 30 OVER TIME - PA Added	
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	- Added to Tier 4 - PA Added	
<i>dimethyl fumarate capsule delayed release 120 mg</i>	- LA Removed	
<i>dimethyl fumarate capsule delayed release 240 mg</i>	- LA Removed	
<i>doxercalciferol cap 0.5 mcg</i>	- Added to Tier 4	
<i>doxercalciferol cap 1 mcg</i>	- Added to Tier 4	

EFFECTIVE 02/2021

Drug Name	Description of Change	Alternative
DEMSER 250 MG CAP <i>metirosine</i>	- Formulary Removal	<i>metirosine 250 mg cap</i>
DIACOMIT 250 MG CAP <i>stiripentol</i>	- Added to Tier 5 - QL Added: 3 / 1 DAYS - PA Added - LA Added	
DIACOMIT 250 MG PACKET <i>stiripentol</i>	- Added to Tier 5 - QL Added: 3 / 1 DAYS - PA Added - LA Added	
DIACOMIT 500 MG CAP <i>stiripentol</i>	- Added to Tier 5 - QL Added: 6 / 1 DAYS - PA Added - LA Added	
DIACOMIT 500 MG PACKET <i>stiripentol</i>	- Added to Tier 5 - QL Added: 6 / 1 DAYS - PA Added - LA Added	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS	
EMTRIVA 200 MG CAP <i>emtricitabine</i>	- Formulary Removal	<i>emtricitabine 200 mg cap</i>

EFFECTIVE 02/2021		
Drug Name	Description of Change	Alternative
<i>fluphenazine hcl tab 10 mg</i>	- Added to Tier 4	
<i>fluphenazine hcl tab 2.5 mg</i>	- Added to Tier 4	
<i>fluphenazine hcl tab 5 mg</i>	- Added to Tier 4	
HECTOROL 0.5 MCG CAP <i>doxercalciferol</i>	- Added to Tier 4	
HECTOROL 1 MCG CAP <i>doxercalciferol</i>	- Added to Tier 4	
HECTOROL 2.5 MCG CAP <i>doxercalciferol</i>	- Added to Tier 4	
HEMADY 20 MG TAB <i>dexamethasone</i>	- Added to Tier 4 - PA Added	
ICLUSIG 10 MG TAB <i>ponatinib hcl</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added - LA Added	
ICLUSIG 30 MG TAB <i>ponatinib hcl</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added - LA Added	
KUVAN 100 MG PACKET <i>sapropterin dihydrochloride</i>	- Formulary Removal	<i>sapropterin dihydrochloride 100 mg packet</i>

EFFECTIVE 02/2021

Drug Name	Description of Change	Alternative
KUVAN 100 MG TAB <i>sapropterin dihydrochloride</i>	- Formulary Removal	<i>sapropterin dihydrochloride 100 mg tab</i>
KUVAN 500 MG PACKET <i>sapropterin dihydrochloride</i>	- Formulary Removal	<i>sapropterin dihydrochloride 500 mg packet</i>
LEUKINE 250 MCG RECON SOLN <i>sargramostim</i>	- PA Added	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	- Added to Tier 2	
<i>norethindrone tab 0.35 mg</i>	- Added to Tier 2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	- Added to Tier 2	
NINLARO 2.3 MG CAP <i>ixazomib citrate</i>	- PA Added	
NINLARO 3 MG CAP <i>ixazomib citrate</i>	- PA Added	
ONUREG 200 MG TAB <i>azacitidine</i>	- Added to Tier 5 - PA Added	
ONUREG 300 MG TAB <i>azacitidine</i>	- Added to Tier 5 - PA Added	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	- LA Removed	

EFFECTIVE 02/2021		
Drug Name	Description of Change	Alternative
<i>sapropterin dihydrochloride powder packet 500 mg</i>	- LA Removed	
<i>sapropterin dihydrochloride tab 100 mg</i>	- LA Removed	
<i>scopolamine td patch 72hr 1 mg/3days</i>	- PA Added	
SYMFI 600-300-300 MG TAB <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>
SYMFI LO 400-300-300 MG TAB <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>
<i>tobramycin nebu soln 300 mg/4ml</i>	- LA Removed	
TECFIDERA 120 MG CAP DR <i>dimethyl fumarate</i>	- Formulary Removal	<i>dimethyl fumarate 120 mg cap dr</i>
TECFIDERA 240 MG CAP DR <i>dimethyl fumarate</i>	- Formulary Removal	<i>dimethyl fumarate 240 mg cap dr</i>
TRUVADA 200-300 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>emtricitabine-tenofovir df 200-300 mg tab</i>
TYKERB 250 MG TAB <i>lapatinib ditosylate</i>	- Formulary Removal	<i>lapatinib ditosylate 250 mg tab</i>

EFFECTIVE 03/2021		
Drug Name	Description of Change	Alternative
<i>abiraterone acetate tab 500 mg</i>	- LA Removed	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	- Added to Tier 2	
BANZEL 40 MG/ML SUSPENSION <i>rufinamide</i>	- Formulary Removal	<i>rufinamide 40 mg/ml suspension</i>
<i>cimetidine hcl soln 300 mg/5ml</i>	- Added to Tier 2	
CABENUVA 400 & 600 MG/2ML SUSP <i>cabotegravir & rilpivirine</i>	- Added to Tier 5	
CABENUVA 600 & 900 MG/3ML SUSP <i>cabotegravir & rilpivirine</i>	- Added to Tier 5	
COMFORT TOUCH ALCOHOL PREP 70 % PAD <i>alcohol swabs</i>	- Added to Tier 2	
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	- LA Removed	
<i>doxercalciferol cap 0.5 mcg</i>	- Added to Tier 4 - PA Added	
<i>doxercalciferol cap 1 mcg</i>	- Added to Tier 4 - PA Added	
<i>doxercalciferol cap 2.5 mcg</i>	- Added to Tier 4 - PA Added	

EFFECTIVE 03/2021

Drug Name	Description of Change	Alternative
<i>droxidopa cap 100 mg</i>	- Added to Tier 5 - QL Added: 252 / 90 OVER TIME - PA Added	
<i>droxidopa cap 200 mg</i>	- Added to Tier 5 - QL Added: 120 / 30 OVER TIME - PA Added	
<i>droxidopa cap 300 mg</i>	- Added to Tier 5 - QL Added: 84 / 90 OVER TIME - PA Added	
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
<i>hydrocortisone tab 10 mg</i>	- Added to Tier 2	
HECTOROL 0.5 MCG CAP <i>doxercalciferol</i>	- Added to Tier 4	
HECTOROL 1 MCG CAP <i>doxercalciferol</i>	- Added to Tier 4	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	- Added to Tier 2	
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN <i>semaglutide</i>	- Added to Tier 3 - QL Added: 3 / 28 OVER TIME	

EFFECTIVE 03/2021

Drug Name	Description of Change	Alternative
<i>penicillamine tab 250 mg</i>	- PA Added	
<i>posaconazole tab delayed release 100 mg</i>	- PA Added	
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR <i>peginterferon beta-1a</i>	- Added to Tier 5 - PA Added - LA Added	
<i>ranolazine tab er 12hr 1000 mg</i>	- PA Added	
<i>ranolazine tab er 12hr 500 mg</i>	- PA Added	
SAPHRIS 10 MG SL TAB <i>asenapine maleate</i>	- Formulary Removal	<i>asenapine maleate 10 mg sl tab</i>
SAPHRIS 2.5 MG SL TAB <i>asenapine maleate</i>	- Formulary Removal	<i>asenapine maleate 2.5 mg sl tab</i>
SAPHRIS 5 MG SL TAB <i>asenapine maleate</i>	- Formulary Removal	<i>asenapine maleate 5 mg sl tab</i>
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	- Added to Tier 4 - PA Added	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	- Added to Tier 4 - PA Added	

EFFECTIVE 03/2021		
Drug Name	Description of Change	Alternative
<i>topiramate cap er 24hr sprinkle 200 mg</i>	- Added to Tier 4 - PA Added	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	- Added to Tier 4 - PA Added	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	- Added to Tier 4 - PA Added	
TECFIDERA 120 & 240 MG MISC <i>dimethyl fumarate</i>	- Formulary Removal	<i>dimethyl fumarate starter pack 120 & 240 mg misc</i>
TEPMETKO 225 MG TAB <i>tepotinib hcl</i>	- LA Added - QL Added: 2 / 1 DAYS	
TRUE COMFORT PRO ALCOHOL PREP 70 % PAD <i>alcohol swabs</i>	- Added to Tier 2	
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	

EFFECTIVE 03/2021		
Drug Name	Description of Change	Alternative
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
UKONIQ 200 MG TAB <i>umbralisib tosylate</i>	- QL Added: 4 / 1 DAYS - LA Added	
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
<i>vigabatrin tab 500 mg</i>	- PA Added	
VASCEPA 1 GM CAP <i>icosapent ethyl</i>	- Formulary Removal	<i>icosapent ethyl 1 gm cap</i>
VELTASSA 16.8 GM PACKET <i>patiromer sorbitex calcium</i>	- LA Removed	
VELTASSA 25.2 GM PACKET <i>patiromer sorbitex calcium</i>	- LA Removed	
VELTASSA 8.4 GM PACKET <i>patiromer sorbitex calcium</i>	- LA Removed	
XELJANZ 1 MG/ML SOLUTION <i>tofacitinib citrate</i>	- Added to Tier 5 - QL Added: 10 / 1 DAYS - PA Added	

EFFECTIVE 03/2021

Drug Name	Description of Change	Alternative
ZYTIGA 500 MG TAB <i>abiraterone acetate</i>	- Formulary Removal	<i>abiraterone acetate 500 mg tab</i>

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	- QL Change: 17 / 30 OVER TIME to 13.4 / 30 OVER TIME	
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN <i>albuterol sulfate</i>	- QL Added: 36 / 30 OVER TIME	
ALINIA 500 MG TAB <i>nitazoxanide</i>	- Formulary Removal	<i>nitazoxanide 500 mg tab</i>
ARCALYST 220 MG RECON SOLN <i>rilonacept</i>	- PA Added	
CYCLOPHOSPHAMIDE 25 MG TAB <i>cyclophosphamide</i>	- Added to Tier 3 - PA Added	
CYCLOPHOSPHAMIDE 50 MG TAB <i>cyclophosphamide</i>	- Added to Tier 3 - PA Added	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
<i>fluocinonide cream 0.05%</i>	- ST Removed	
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT <i>adalimumab</i>	- Added to Tier 5 - PA Added	
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	- Added to Tier 4 - PA Added	
NEONATAL PLUS 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
NEONATAL COMPLETE 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
NINLARO 4 MG CAP <i>ixazomib citrate</i>	- PA Added	
ORGOVYX 120 MG TAB <i>relugolix</i>	- Added to Tier 5 - PA Added	
PRENATRIX 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
PRENATRYL 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
WESTAB PLUS 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
XELJANZ 1 MG/ML SOLUTION <i>tofacitinib citrate</i>	- PA Removed	
XTANDI 40 MG TAB <i>enzalutamide</i>	- Added to Tier 5 - QL Added: 4 / 1 DAYS - PA Added - LA Added	
XTANDI 80 MG TAB <i>enzalutamide</i>	- Added to Tier 5 - PA Added - LA Added - QL Added: 2 / 1 DAYS	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	- QL Change: 17 / 30 OVER TIME to 13.4 / 30 OVER TIME	
ALCOH-WIPE SHEET <i>alcohol sheets</i>	- Added to Tier 2	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	- Added to Tier 4	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	- Added to Tier 4	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	- Added to Tier 4	
<i>diazepam oral soln 1 mg/ml</i>	- Added to Tier 2 - QL Added: 60 / 1 DAYS	
DEXTROSE-SODIUM CHLORIDE 5-0.3 % SOLUTION <i>dextrose w/ sodium chloride</i>	- Added to Tier 4	
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	- QL Added: 3 / 1 DAYS - LA Removed - PA Added	
<i>erythromycin pads 2%</i>	- Added to Tier 3	
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
FOTIVDA 0.89 MG CAP <i>tivozanib hcl</i>	- QL Added: 21 / 28 OVER TIME - LA Added	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
FOTIVDA 1.34 MG CAP <i>tivozanib hcl</i>	- QL Added: 21 / 28 OVER TIME - LA Added	
GAVRETO 100 MG CAP <i>pralsetinib</i>	- Added to Tier 5 - QL Added: 4 / 1 DAYS - PA Added - LA Added	
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 8 / 1 DAYS - PA Added	
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	- Added to Tier 5 - PA Added - QL Added: 2 / 1 DAYS	
INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
NERLYNX 40 MG TAB <i>neratinib maleate</i>	- Added to Tier 5 - QL Added: 6 / 1 DAYS - PA Added - LA Added	
<i>progesterone cap 100 mg</i>	- Added to Tier 2	
<i>progesterone cap 200 mg</i>	- Added to Tier 2	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TECHLITE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TEPMETKO 225 MG TAB <i>tepotinib hcl</i>	- Added to Tier 5 - PA Added	
TRUVADA 100-150 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>emtricitabine-tenofovir df 100-150 mg tab</i>
TRUVADA 133-200 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>emtricitabine-tenofovir df 133-200 mg tab</i>
TRUVADA 167-250 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>emtricitabine-tenofovir df 167-250 mg tab</i>
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK <i>selinexor</i>	- Added to Tier 5 - QL Added: 8 / 28 OVER TIME - PA Added - LA Added	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK <i>selinexor</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 4 / 28 OVER TIME - PA Added - LA Added 	
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK <i>selinexor</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 8 / 28 OVER TIME - PA Added - LA Added 	
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK <i>selinexor</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 4 / 28 OVER TIME - PA Added - LA Added 	
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK <i>selinexor</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 8 / 28 OVER TIME - PA Added - LA Added 	

EFFECTIVE 06/2021		
Drug Name	Description of Change	Alternative
<i>dextrose 5% w/ sodium chloride 0.3%</i>	- Added to Tier 4	
<i>diclofenac potassium tab 50 mg</i>	- Added to Tier 2	
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	- Added to Tier 5	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
FERRIPROX 100 MG/ML SOLUTION <i>deferiprone</i>	- PA Added	
<i>isotretinoin cap 10 mg</i>	- Added to Tier 4	
<i>isotretinoin cap 20 mg</i>	- Added to Tier 4	
<i>isotretinoin cap 30 mg</i>	- Added to Tier 4	
<i>isotretinoin cap 40 mg</i>	- Added to Tier 4	
NORTHERA 100 MG CAP <i>droxidopa</i>	- Formulary Removal	<i>droxidopa 100 mg cap</i>
NORTHERA 200 MG CAP <i>droxidopa</i>	- Formulary Removal	<i>droxidopa 200 mg cap</i>
NORTHERA 300 MG CAP <i>droxidopa</i>	- Formulary Removal	<i>droxidopa 300 mg cap</i>
SECUADO 3.8 MG/24HR PATCH 24HR <i>asenapine</i>	- Added to Tier 5 - PA Added	

EFFECTIVE 06/2021

Drug Name	Description of Change	Alternative
SECUADO 5.7 MG/24HR PATCH 24HR <i>asenapine</i>	- Added to Tier 5 - PA Added	
SECUADO 7.6 MG/24HR PATCH 24HR <i>asenapine</i>	- Added to Tier 5 - PA Added	
UKONIQ 200 MG TAB <i>umbralisib tosylate</i>	- Added to Tier 5 - PA Added	
UNIFINE PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
UNIFINE PENTIPS 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
UNIFINE PENTIPS 31G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
UNIFINE PENTIPS 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
UNIFINE PENTIPS 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK <i>cenobamate</i>	- Added to Tier 5 - PA Added - QL Added: 2 / 1 DAYS	

EFFECTIVE 07/2021

Drug Name	Description of Change	Alternative
AYVAKIT 25 MG TAB <i>avapritinib</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added - LA Added	
AYVAKIT 50 MG TAB <i>avapritinib</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added - LA Added	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	- PA Change	
<i>diclofenac sodium gel 1%</i>	- Added to Tier 3	
<i>etravirine tab 100 mg</i>	- Added to Tier 5 - QL Added: 4 / 1 DAYS	
<i>etravirine tab 200 mg</i>	- Added to Tier 5 - QL Added: 2 / 1 DAYS	
FOTIVDA 0.89 MG CAP <i>tivozanib hcl</i>	- Added to Tier 5 - PA Added	
FOTIVDA 1.34 MG CAP <i>tivozanib hcl</i>	- Added to Tier 5 - PA Added	
INTRON A 10000000 UNIT RECON SOLN <i>interferon alfa-2b</i>	- PA Removed	
INTRON A 10000000 UNIT/ML SOLUTION <i>interferon alfa-2b</i>	- PA Removed	
INTRON A 18000000 UNIT RECON SOLN <i>interferon alfa-2b</i>	- PA Removed	

EFFECTIVE 07/2021

Drug Name	Description of Change	Alternative
INTRON A 50000000 UNIT RECON SOLN <i>interferon alfa-2b</i>	- PA Removed	
INTRON A 60000000 UNIT/ML SOLUTION <i>interferon alfa-2b</i>	- PA Removed	
<i>lopinavir-ritonavir tab 100-25 mg</i>	- Added to Tier 4 - QL Added: 10 / 1 DAYS	
<i>lopinavir-ritonavir tab 200-50 mg</i>	- Added to Tier 4 - QL Added: 4 / 1 DAYS	
LUMAKRAS 120 MG TAB <i>sotorasib</i>	- QL Added: 8 / 1 DAYS	
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN <i>insulin aspart protamine & aspart (human)</i>	- Added to Tier 3	
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN <i>insulin aspart</i>	- Added to Tier 3	
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION <i>insulin aspart protamine & aspart (human)</i>	- Added to Tier 3	
NOVOLOG RELION 100 UNIT/ML SOLUTION <i>insulin aspart</i>	- Added to Tier 3	
<i>potassium chloride inj 40 meq/100ml</i>	- Added to Tier 4	
PANRETIN 0.1 % GEL <i>alitretinoin</i>	- PA Added	

EFFECTIVE 07/2021

Drug Name	Description of Change	Alternative
PEG-INTRON REDIPEN 50 MCG/0.5ML KIT <i>peginterferon alfa-2b</i>	- PA Removed	
PEGINTRON 50 MCG/0.5ML KIT <i>peginterferon alfa-2b</i>	- PA Removed	
<i>rufinamide tab 200 mg</i>	- Added to Tier 4 - QL Added: 16 / 1 DAYS - ST Added	
<i>rufinamide tab 400 mg</i>	- Added to Tier 4 - QL Added: 8 / 1 DAYS - ST Added	
SYLATRON 200 MCG KIT <i>peginterferon alfa-2b (antineoplastic)</i>	- PA Removed	
SYLATRON 300 MCG KIT <i>peginterferon alfa-2b (antineoplastic)</i>	- PA Removed	
SYLATRON 600 MCG KIT <i>peginterferon alfa-2b (antineoplastic)</i>	- PA Removed	
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK <i>elxacaftor-tezacaftor-ivacaftor</i>	- Added to Tier 5 - QL Added: 3 / 1 DAYS - PA Added - LA Added	
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK <i>infigratinib phosphate</i>	- QL Added: 21 / 28 OVER TIME - LA Added	
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK <i>infigratinib phosphate</i>	- QL Added: 42 / 28 OVER TIME - LA Added	

EFFECTIVE 07/2021

Drug Name	Description of Change	Alternative
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	- QL Added: 42 / 28 OVER TIME - LA Added	
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	- QL Added: 63 / 28 OVER TIME - LA Added	
VANCOMYCIN HCL 1.5 GM RECON SOLN <i>vancomycin hcl</i>	- Added to Tier 4	

EFFECTIVE 08/2021

Drug Name	Description of Change	Alternative
ABREVA 10 % CREAM <i>docosanol</i>	- Added to Tier 5	
BYLVAY (PELLETS) 200 MCG CAP SPRINK <i>odevixibat</i>	- QL Added: 30 / 1 DAYS - LA Added	
BYLVAY (PELLETS) 600 MCG CAP SPRINK <i>odevixibat</i>	- QL Added: 10 / 1 DAYS - LA Added	
BYLVAY 1200 MCG CAP <i>odevixibat</i>	- QL Added: 5 / 1 DAYS - LA Added	
BYLVAY 400 MCG CAP <i>odevixibat</i>	- LA Added - QL Added: 15 / 1 DAYS	
<i>clobazam tab 10 mg</i>	- QL Change: 2 / 1 DAYS to 4 / 1 DAYS	
<i>desmopressin acetate inj 4 mcg/ml</i>	- Formulary Removal	<i>desmopressin acetate pf 4 mcg/ml solution</i>
<i>desmopressin acetate tab 0.1 mg</i>	- Formulary Removal	
<i>desmopressin acetate tab 0.2 mg</i>	- Formulary Removal	
<i>docosanol cream 10%</i>	- Added to Tier 5	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	

EFFECTIVE 08/2021

Drug Name	Description of Change	Alternative
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	- Added to Tier 2	
<i>pyrazinamide tab 500 mg</i>	- Added to Tier 2	
REZUROCK 200 MG TAB <i>belumosudil mesylate</i>	- QL Added: 1 / 1 DAYS - LA Added	
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK <i>baloxavir marboxil</i>	- Added to Tier 4 - QL Added: 1 / 30 OVER TIME	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK <i>baloxavir marboxil</i>	- Added to Tier 4 - QL Added: 1 / 30 OVER TIME	
ZEVRX STERILE ALCOHOL PREP PAD 70 % PAD <i>alcohol swabs</i>	- Added to Tier 2	

EFFECTIVE 09/2021

Drug Name	Description of Change	Alternative
BANZEL 200 MG TAB <i>rufinamide</i>	- Formulary Removal	<i>rufinamide 200 mg tab</i>
BANZEL 400 MG TAB <i>rufinamide</i>	- Formulary Removal	<i>rufinamide 400 mg tab</i>
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
<i>dextroamphetamine sulfate tab 15 mg</i>	- Added to Tier 2 - QL Added: 4 / 1 DAYS	
<i>dextroamphetamine sulfate tab 20 mg</i>	- Added to Tier 2 - QL Added: 3 / 1 DAYS	

EFFECTIVE 09/2021

Drug Name	Description of Change	Alternative
<i>dextroamphetamine sulfate tab 30 mg</i>	- Added to Tier 2 - QL Added: 2 / 1 DAYS	
<i>fluorouracil cream 5%</i>	- Formulary Removal	
FLUOROURACIL 2 % SOLUTION <i>fluorouracil (topical)</i>	- Formulary Removal	
FLUOROURACIL 5 % SOLUTION <i>fluorouracil (topical)</i>	- Formulary Removal	
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 7 / 1 DAYS - PA Added	
<i>sunitinib malate cap 25 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 3 / 1 DAYS - PA Added	
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
<i>sunitinib malate cap 50 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
CHLORPROMAZINE HCL 100 MG/ML CONC <i>chlorpromazine hcl</i>	- Added to Tier 4	
CHLORPROMAZINE HCL 30 MG/ML CONC <i>chlorpromazine hcl</i>	- Added to Tier 4	

EFFECTIVE 10/2021		
Drug Name	Description of Change	Alternative
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	- Added to Tier 4	
EXKIVITY 40 MG CAP <i>mobocertinib succinate</i>	- QL Added: 4 / 1 DAYS - LA Added	
INTELENCE 100 MG TAB <i>etravirine</i>	- Formulary Removal	<i>etravirine 100 mg tab</i>
INTELENCE 200 MG TAB <i>etravirine</i>	- Formulary Removal	<i>etravirine 200 mg tab</i>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR <i>paliperidone palmitate</i>	- QL Added: 3.5 / 180 OVER TIME	
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR <i>paliperidone palmitate</i>	- QL Added: 5 / 180 OVER TIME	
KALETRA 100-25 MG TAB <i>lopinavir-ritonavir</i>	- Formulary Removal	<i>lopinavir-ritonavir 100-25 mg tab</i>
KALETRA 200-50 MG TAB <i>lopinavir-ritonavir</i>	- Formulary Removal	<i>lopinavir-ritonavir 200-50 mg tab</i>
LUMAKRAS 120 MG TAB <i>sotorasib</i>	- Added to Tier 5 - PA Added	
LYBALVI 10-10 MG TAB <i>olanzapine-samidophan l-malate</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	

EFFECTIVE 10/2021

Drug Name	Description of Change	Alternative
LYBALVI 15-10 MG TAB <i>olanzapine-samidorphan l-malate</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
LYBALVI 20-10 MG TAB <i>olanzapine-samidorphan l-malate</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
LYBALVI 5-10 MG TAB <i>olanzapine-samidorphan l-malate</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
<i>modafinil tab 100 mg</i>	- PA Removed	
<i>modafinil tab 200 mg</i>	- PA Removed	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	- Added to Tier 3	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	- Added to Tier 3	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	- Added to Tier 3	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	- Added to Tier 3	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	- Added to Tier 4 - QL Added: 30 / 1 DAYS	
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK <i>infigratinib phosphate</i>	- Added to Tier 5 - PA Added	
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK <i>infigratinib phosphate</i>	- Added to Tier 5 - PA Added	

EFFECTIVE 10/2021

Drug Name	Description of Change	Alternative
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	- Added to Tier 5 - PA Added	
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	- Added to Tier 5 - PA Added	
VARENICLINE TARTRATE 0.5 MG TAB <i>varenicline tartrate</i>	- Added to Tier 4 - QL Added: 2 / 1 DAYS	
VARENICLINE TARTRATE 1 MG TAB <i>varenicline tartrate</i>	- Added to Tier 4 - QL Added: 2 / 1 DAYS	
WELIREG 40 MG TAB <i>belzutifan</i>	- QL Added: 3 / 1 DAYS - LA Added	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK <i>baloxavir marboxil</i>	- QL Change: 1 / 30 OVER TIME to 2 / 30 OVER TIME	

EFFECTIVE 11/2021

Drug Name	Description of Change	Alternative
AFINITOR DISPERZ 2 MG TAB SOL <i>everolimus</i>	- QL Removed: 2 / 1 DAYS	
AFINITOR DISPERZ 3 MG TAB SOL <i>everolimus</i>	- QL Removed: 4 / 1 DAYS	
AFINITOR DISPERZ 5 MG TAB SOL <i>everolimus</i>	- QL Removed: 1 / 1 DAYS	
<i>brinzolamide ophth susp 1%</i>	- Added to Tier 3	
<i>everolimus tab 10 mg</i>	- Added to Tier 5 - PA Added - QL Added: 2 / 1 DAYS	
<i>everolimus tab for oral susp 2 mg</i>	- Added to Tier 5 - PA Added	
<i>everolimus tab for oral susp 3 mg</i>	- Added to Tier 5 - PA Added	
<i>everolimus tab for oral susp 5 mg</i>	- Added to Tier 5 - PA Added	
EPCLUSA 150-37.5 MG PACKET <i>sofosbuvir-velpatasvir</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
EPCLUSA 200-50 MG PACKET <i>sofosbuvir-velpatasvir</i>	- Added to Tier 5 - PA Added - QL Added: 2 / 1 DAYS	
<i>ivermectin tab 3 mg</i>	- QL Added: 16 / 365 OVER TIME	

EFFECTIVE 11/2021

Drug Name	Description of Change	Alternative
MAVYRET 50-20 MG PACKET <i>glecaprevir-pibrentasvir</i>	- Added to Tier 5 - QL Added: 6 / 1 DAYS - PA Added	
REZUROCK 200 MG TAB <i>belumosudil mesylate</i>	- Added to Tier 5 - PA Added	
SUTENT 12.5 MG CAP <i>sunitinib malate</i>	- Formulary Removal	<i>sunitinib malate 12.5 mg cap</i>
SUTENT 25 MG CAP <i>sunitinib malate</i>	- Formulary Removal	<i>sunitinib malate 25 mg cap</i>
SUTENT 37.5 MG CAP <i>sunitinib malate</i>	- Formulary Removal	<i>sunitinib malate 37.5 mg cap</i>
SUTENT 50 MG CAP <i>sunitinib malate</i>	- Formulary Removal	<i>sunitinib malate 50 mg cap</i>
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR <i>tick-borne encephalitis virus vaccine, inactivated</i>	- Added to Tier 3	

EFFECTIVE 12/2021		
Drug Name	Description of Change	Alternative
BYLVAY (PELLETS) 200 MCG CAP SPRINK <i>odevixibat</i>	- Added to Tier 5 - PA Added	
BYLVAY (PELLETS) 600 MCG CAP SPRINK <i>odevixibat</i>	- Added to Tier 5 - PA Added	
BYLVAY 1200 MCG CAP <i>odevixibat</i>	- Added to Tier 5 - PA Added	
BYLVAY 400 MCG CAP <i>odevixibat</i>	- Added to Tier 5 - PA Added	
CHANTIX 0.5 MG TAB <i>varenicline tartrate</i>	- Formulary Removal	
CHANTIX 1 MG TAB <i>varenicline tartrate</i>	- Formulary Removal	
CHANTIX CONTINUING MONTH PAK 1 MG TAB <i>varenicline tartrate</i>	- Formulary Removal	
EXKIVITY 40 MG CAP <i>mobocertinib succinate</i>	- Added to Tier 5 - PA Added	
FARYDAK 10 MG CAP <i>panobinostat lactate</i>	- PA Added	
FARYDAK 15 MG CAP <i>panobinostat lactate</i>	- PA Added	
FARYDAK 20 MG CAP <i>panobinostat lactate</i>	- PA Added	

EFFECTIVE 12/2021

Drug Name	Description of Change	Alternative
FERRIPROX 1000 MG TAB <i>deferiprone</i>	- PA Added	
HYDROXYCHLOROQUINE SULFATE 100 MG TAB <i>hydroxychloroquine sulfate</i>	- Added to Tier 2 - QL Added: 4 / 1 DAYS	
HYDROXYCHLOROQUINE SULFATE 300 MG TAB <i>hydroxychloroquine sulfate</i>	- Added to Tier 2 - QL Added: 2 / 1 DAYS	
HYDROXYCHLOROQUINE SULFATE 400 MG TAB <i>hydroxychloroquine sulfate</i>	- Added to Tier 2 - QL Added: 1 / 1 DAYS	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR <i>paliperidone palmitate</i>	- Added to Tier 5 - PA Added	
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR <i>paliperidone palmitate</i>	- Added to Tier 5 - PA Added	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	- Added to Tier 4 - PA Added	
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	- Added to Tier 5 - PA Added	
WELIREG 40 MG TAB <i>belzutifan</i>	- Added to Tier 5 - PA Added	

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.

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

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