



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 | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information. |

| | | |
|------------|-----------------|--|
| INS | Covered Insulin | You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. |
|------------|-----------------|--|

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

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|-----------------------------------|------------------------------------|---|
| 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 |
| 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 |
| Ofloxacin 300 MG TAB | Removed from formulary (drug list) | Levofloxacin 250 mg, 500 mg, 750 mg tablet; Ciprofloxacin HCl 250 mg, 500 mg, 750 mg tablet |

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| Ofloxacin 400 MG TAB | Removed from formulary (drug list) | Levofloxacin 250 mg, 500 mg, 750 mg tablet; Ciprofloxacin HCl 250 mg, 500 mg, 750 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 |
| Amphotericin B Liposome 50 MG RECON SUSP | Removed from formulary (drug list) | Amphotericin B 50 mg recon solution |

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|--------------------------------------|------------------------------------|-----------------------------------|
| Cresemba 74.5 MG CAP | Removed from formulary (drug list) | Voriconazole 50 mg, 200 mg tablet |
| Cresemba 186 MG CAP | Removed from formulary (drug list) | Voriconazole 50 mg, 200 mg tablet |
| Cresemba 372 MG RECON SOLN | Removed from formulary (drug list) | Voriconazole 50 mg, 200 mg tablet |
| Itraconazole 10 MG/ML SOLUTION | Moved to lower tier - Tier 4 | |
| Posaconazole 40 MG/ML SUSPENSION | Removed from formulary (drug list) | Itraconazole 100 mg capsule |
| 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) | |

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| 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) | |
| Triumeq PD 60-5-30 MG TAB SOL | Moved to lower tier - Tier 4 | |
| Livtencity 200 MG TAB | Added to formulary - Tier 5 | |
| ValGANciclovir HCl 50 MG/ML RECON SOLN | Moved to lower tier - Tier 4 | Valganciclovir Hcl 450 mg tablet |
| 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 |
| 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 |

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| 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 |
| Oseltamivir Phosphate 6 MG/ML RECON SUSP | Moved to lower tier - Tier 3 | |
| 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 DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--|
| Stromectol 3 MG TAB | Removed quantity limit | |
| Ertapenem Sodium 1 GM RECON SOLN | Moved to lower tier - Tier 3 | |
| 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 | |
| Nitrofurantoin Macrocrystal 50 MG CAP | Moved to lower tier - Tier 2 | |
| Nitrofurantoin Macrocrystal 100 MG CAP | Moved to lower tier - Tier 2 | |
| 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 |

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|-------------------------------------|------------------------------------|--|
| 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 DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|----------------------------------|------------------------------------|--|
| 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) | |
| Beyfortus 100 MG/ML SOLN PRSYR | Removed from formulary (drug list) | |
| Gleostine 40 MG CAP | Moved to lower tier - Tier 4 | |
| Exkivity 40 MG CAP | Removed from formulary (drug list) | |
| Emcyt 140 MG CAP | Removed from formulary (drug list) | |

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| 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) | |
| 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) | |
| Budesonide ER 9 MG TAB ER 24H | Moved to lower tier - Tier 4 | |
| 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 |

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| 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 DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| 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) | |
| Emzahn 0.35 MG TAB | Added to formulary - Tier 3 | |
| MedroxyPROGESTERone Acetate 150 MG/ML SUSPENSION | Moved to lower tier - Tier 3 | |
| MedroxyPROGESTERone Acetate 150 MG/ML SUSP PRSYR | Moved to lower tier - Tier 3 | |
| Depo-SubQ Provera 104 104 MG/0.65ML SUSP PRSYR | Moved to lower tier - Tier 3 | |

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---------------------------------------|
| Liletta (52 MG) 20.1 MCG/DAY IUD | Added to formulary - Tier 3 | |
| Nexplanon 68 MG IMPLANT | Added to formulary - Tier 3 | |
| Norelgestromin-Eth Estradiol 150-35 MCG/24HR PATCH WK | Moved to lower tier - Tier 3 | |
| Xulane 150-35 MCG/24HR PATCH WK | Moved to lower tier - Tier 3 | |
| Zafemy 150-35 MCG/24HR PATCH WK | Moved to lower tier - Tier 3 | |
| Etonogestrel-Ethinyl Estradiol 0.12-0.015 MG/24HR RING | Moved to lower tier - Tier 3 | |
| EluRyng 0.12-0.015 MG/24HR RING | Moved to lower tier - Tier 3 | |
| Haloette 0.12-0.015 MG/24HR RING | Moved to lower tier - Tier 3 | |
| EnilloRing 0.12-0.015 MG/24HR RING | Moved to lower tier - Tier 3 | |
| Joyeaux 0.1-20 MG-MCG(21) TAB | Added to formulary - Tier 3 | |
| Levonorgest-Eth Estradiol-Iron 0.1-20 MG-MCG(21) TAB | Added to formulary - Tier 3 | |
| Megestrol Acetate 625 MG/5ML SUSPENSION | Removed from formulary (drug list) | Megestrol Acetate 40 mg/ml suspension |

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| HumaLOG Mix 50/50 (50-50) 100 UNIT/ML SUSPENSION | Removed from formulary (drug list) | Humalog Mix 50/50 Kwikpen |
| 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 DATE 1/1/2025

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

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

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| Drug Name | Description of Change | Alternative |
|---------------------------------------|------------------------------------|---|
| 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 |
| Egrifta 1 MG RECON SOLN | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Egrifta SV 2 MG RECON SOLN | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| 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 |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| 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 4 | |
| Doxercalciferol 0.5 MCG CAP | Removed from formulary (drug list) | Calcitriol 0.25 mcg, 0.5 mcg capsule |
| Doxercalciferol 1 MCG CAP | Removed from formulary (drug list) | Calcitriol 0.25 mcg, 0.5 mcg capsule |
| Doxercalciferol 2.5 MCG CAP | Removed from formulary (drug list) | Calcitriol 0.25 mcg, 0.5 mcg capsule |
| Cinacalcet HCl 90 MG TAB | Moved to lower tier - Tier 4 | |

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

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| Drug Name | Description of Change | Alternative |
|------------------------------------|------------------------------------|--|
| Sorine 240 MG TAB | Removed from formulary (drug list) | Sorine 80 mg, 120 mg, 160 mg tablet |
| Verapamil HCl ER 120 MG CAP ER 24H | Moved to lower tier - Tier 2 | |
| Verapamil HCl ER 180 MG CAP ER 24H | Moved to lower tier - Tier 2 | |
| Verapamil HCl ER 240 MG CAP ER 24H | Moved to lower tier - Tier 2 | |
| Mexiletine HCl 150 MG CAP | Removed from formulary (drug list) | Amiodarone 200 mg tablet; Flecainide 50 mg, 100 mg, 150 mg tablet; Quinidine Sulfate 200 mg, 300 mg tablet |
| Mexiletine HCl 200 MG CAP | Removed from formulary (drug list) | Amiodarone 200 mg tablet; Flecainide 50 mg, 100 mg, 150 mg tablet; Quinidine Sulfate 200 mg, 300 mg tablet |
| Mexiletine HCl 250 MG CAP | Removed from formulary (drug list) | Amiodarone 200 mg tablet; Flecainide 50 mg, 100 mg, 150 mg tablet; Quinidine Sulfate 200 mg, 300 mg tablet |
| Aliskiren Fumarate 150 MG TAB | Removed prior authorization | |
| Aliskiren Fumarate 300 MG TAB | Removed prior authorization | |

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| Drug Name | Description of Change | Alternative |
|---------------------------------------|------------------------------------|---|
| acetaZOLAMIDE ER 500 MG CAP ER 12H | Moved to lower tier - Tier 2 | |
| Diuril 250 MG/5ML SUSPENSION | Removed from formulary (drug list) | Hydrochlorothiazide 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) | |
| Tadalafil 2.5 MG TAB | Added to formulary - Tier 4 | |
| Tadalafil 5 MG TAB | Added to formulary - Tier 4 | |
| Vyndamax 61 MG CAP | Removed from formulary (drug list) | |
| Vyndaqel 20 MG CAP | Removed from formulary (drug list) | |
| Amlodipine-Atorvastatin 2.5-10 MG TAB | Moved to lower tier - Tier 3 | |
| Amlodipine-Atorvastatin 2.5-20 MG TAB | Moved to lower tier - Tier 3 | |
| Amlodipine-Atorvastatin 2.5-40 MG TAB | Moved to lower tier - Tier 3 | |
| Amlodipine-Atorvastatin 5-10 MG TAB | Moved to lower tier - Tier 3 | |

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| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--------------------------|
| Amlodipine-Atorvastatin 5-20 MG TAB | Moved to lower tier - Tier 3 | |
| Amlodipine-Atorvastatin 5-40 MG TAB | Moved to lower tier - Tier 3 | |
| Amlodipine-Atorvastatin 5-80 MG TAB | Moved to lower tier - Tier 3 | |
| Amlodipine-Atorvastatin 10-10 MG TAB | Moved to lower tier - Tier 3 | |
| Amlodipine-Atorvastatin 10-20 MG TAB | Moved to lower tier - Tier 3 | |
| Amlodipine-Atorvastatin 10-40 MG TAB | Moved to lower tier - Tier 3 | |
| Amlodipine-Atorvastatin 10-80 MG TAB | Moved to lower tier - Tier 3 | |
| Levocetirizine Dihydrochloride 5 MG TAB | Moved to lower tier - Tier 1 | |
| Azelastine HCl 0.15 % SOLUTION | Removed from formulary (drug list) | Azelastine 0.1% solution |
| Tiotropium Bromide Monohydrate 18 MCG CAP | Added to formulary - Tier 3 | |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| 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 3 | |
| 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 3 | |
| Montelukast Sodium 10 MG TAB | Moved to lower tier - Tier 1 | |
| 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 | |

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| Drug Name | Description of Change | Alternative |
|--------------------------------|------------------------------------|--|
| 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 |
| 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 |
| Bronchitol 40 MG CAP | Updated quantity limit | |
| Symdeko 50-75 & 75 MG TAB THPK | Removed from formulary (drug list) | |

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| Drug Name | Description of Change | Alternative |
|---------------------------------------|------------------------------------|---|
| 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 |
| Esomeprazole Magnesium 20 MG CAP DR | Moved to higher tier - Tier 4 | Omeprazole 20 mg, 40 mg capsule |
| Esomeprazole Magnesium 40 MG CAP DR | Moved to higher tier - Tier 4 | Omeprazole 20 mg, 40 mg capsule |
| Granisetron HCl 1 MG/ML SOLUTION | Removed from formulary (drug list) | Granisetron Hcl 1mg tablet |
| Granisetron HCl 4 MG/4ML SOLUTION | Removed from formulary (drug list) | Granisetron Hcl 1mg 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 |
| 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 |

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

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| Drug Name | Description of Change | Alternative |
|--|--|---|
| Bylvay (Pellets) 600 MCG CAP SPRINK | Removed from formulary (drug list) | Rifampin 150mg, 300 mg capsule |
| Balsalazide Disodium 750 MG CAP | Moved to higher tier - Tier 3 | Sulfasalazine 500 mg tablet, 500 mg DR tablet |
| 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. | |

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

| Drug Name | Description of Change | Alternative |
|-----------------------------------|--|--------------------------------|
| 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. | |
| 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 25 MG TAB ER 24H | Moved to lower tier - Tier 3 | |
| Myrbetriq 50 MG TAB ER 24H | Moved to lower tier - Tier 3 | |
| Myrbetriq 8 MG/ML SRER | Added to formulary - Tier 3 | |
| Procysbi 25 MG CAP DR | Removed from formulary (drug list) | Cystagon 50 mg, 150 mg capsule |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--------------------------------|
| 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 |
| Silodosin 4 MG CAP | Moved to higher tier - Tier 3 | Alfuzosin Hcl ER 20 mg tablet |
| Silodosin 8 MG CAP | Moved to higher tier - Tier 3 | Alfuzosin Hcl ER 20 mg tablet |
| Mirtazapine 15 MG TAB | Moved to lower tier - Tier 1 | |
| Mirtazapine 30 MG TAB | Moved to lower tier - Tier 1 | |
| 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 4 | |
| risperiDONE Microspheres ER 25 MG SRER | Moved to lower tier - Tier 4 | |
| CloZAPine 200 MG TAB DISP | Moved to lower tier - Tier 4 | |
| cloZAPine 200 MG TAB DISP | Moved to lower tier - Tier 4 | |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| QUetiapine Fumarate ER 50 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |
| QUetiapine Fumarate ER 150 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |
| QUetiapine Fumarate ER 200 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |
| QUetiapine Fumarate ER 300 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |
| QUetiapine Fumarate ER 400 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |
| Zenzedi 5 MG TAB | Removed from formulary (drug list) | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |
| Zenzedi 10 MG TAB | Removed from formulary (drug list) | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |

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| Drug Name | Description of Change | Alternative |
|------------------------------------|------------------------------------|--|
| Zenzedi 15 MG TAB | Removed from formulary (drug list) | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |
| Zenzedi 20 MG TAB | Removed from formulary (drug list) | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |
| Zenzedi 30 MG TAB | Removed from formulary (drug list) | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |
| Ergoloid Mesylates 1 MG TAB | Added to formulary - Tier 3 | |
| Galantamine Hydrobromide 4 MG TAB | Moved to lower tier - Tier 2 | |
| Galantamine Hydrobromide 8 MG TAB | Moved to lower tier - Tier 2 | |
| Galantamine Hydrobromide 12 MG TAB | Moved to lower tier - Tier 2 | |
| Namzaric 7-10 MG CAP ER 24H | Removed from formulary (drug list) | Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule |
| Namzaric 14-10 MG CAP ER 24H | Removed from formulary (drug list) | Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Namzaric 21-10 MG CAP ER 24H | Removed from formulary (drug list) | Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule |
| Namzaric 28-10 MG CAP ER 24H | Removed from formulary (drug list) | Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule |
| Namzaric 7 & 14 & 21 & 28 -10 MG CP24 THPK | Removed from formulary (drug list) | Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule |
| 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) | |
| 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) | |

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

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Glatiramer Acetate 40 MG/ML SOLN PRSYR | Added to formulary - Tier 5 | |
| 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 | |

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| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Xyrem 500 MG/ML SOLUTION | Removed from formulary (drug list) | Sodium Oxybate 500 mg/ml solution |
| Butalbital-Acetaminophen 50-300 MG CAP | Removed from formulary (drug list) | Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet |
| Butalbital-Acetaminophen 50-300 MG CAP | Removed from formulary (drug list) | Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet |
| Esgic 50-325-40 MG CAP | Removed from formulary (drug list) | Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet |
| Zebutal 50-325-40 MG CAP | Removed from formulary (drug list) | Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet |
| Butalbital-APAP-Caffeine 50-325-40 MG CAP | Removed from formulary (drug list) | Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet |
| HYDROmorphine HCl 1 MG/ML LIQUID | Removed from formulary (drug list) | Hydromorphone Hcl 2 mg, 4 mg, 8 mg tablet |
| Morphine Sulfate ER 15 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet |
| Morphine Sulfate ER 30 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet |
| Morphine Sulfate ER 60 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet |
| Morphine Sulfate ER 100 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet |

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| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Morphine Sulfate ER 200 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet |
| 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 |
| 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 | Removed from formulary (drug list) | Oxycodone-Acetaminophen 5-325 mg tablet |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| 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 |
| Butalbital-APAP-Caff-Cod 50-325-40-30 MG CAP | Removed from formulary (drug list) | Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet |
| Diclofenac Sodium 75 MG TAB DR | Moved to lower tier - Tier 1 | |
| Ibuprofen 100 MG/5ML SUSPENSION | Added to formulary - Tier 2 | |
| Naproxen Sodium 275 MG TAB | Added to formulary - Tier 3 | |
| Naproxen Sodium 550 MG TAB | Added to formulary - Tier 3 | |
| Ridaura 3 MG CAP | Removed from formulary (drug list) | Methotrexate Sodium 2.5 mg tablet |
| 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 |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| 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>/=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 |

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

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| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| 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 | |
| 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 |
| Febuxostat 40 MG TAB | Moved to higher tier - Tier 4 | Allopurinol 100mg, 300 mg tablet |

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| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--|
| Febuxostat 80 MG TAB | Moved to higher tier - Tier 4 | Allopurinol 100mg, 300 mg tablet |
| Nayzilam 5 MG/0.1ML SOLUTION | Moved to lower tier - Tier 4 | |
| 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 MG/5ML SUSPENSION | Removed from formulary (drug list) | Phenytoin 125 mg/5 ml suspension |
| 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) | |

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| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--|
| Methocarbamol 500 MG TAB | Moved to higher tier - Tier 3 | Baclofen 5 mg, 10 mg tablet; Cyclobenzaprine 5 mg tablet; Tizanidine Hcl 2mg, 4 mg tablet |
| Methocarbamol 750 MG TAB | Moved to higher tier - Tier 3 | Baclofen 5 mg, 10 mg tablet; Cyclobenzaprine 5 mg tablet; Tizanidine Hcl 2mg, 4 mg tablet |
| Guanidine HCl 125 MG TAB | Removed from formulary (drug list) | Drug discontinued |
| Pyridostigmine Bromide 60 MG/5ML SOLUTION | Moved to lower tier - Tier 4 | |
| Taron-Prex 30-1.2-265 MG CAP | Removed from formulary (drug list) | Prenaisance 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 |
| Aranesp (Albumin Free) 60 MCG/ML SOLUTION | Moved to lower tier - Tier 4 | |
| 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) | |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| 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 |
| Dipyridamole 25 MG TAB | Moved to higher tier - Tier 3 | Midodrine Hcl 2.5 mg, 5 mg, 10 mg tablet |
| Dipyridamole 50 MG TAB | Moved to higher tier - Tier 3 | Midodrine Hcl 2.5 mg, 5 mg, 10 mg tablet |
| Dipyridamole 75 MG TAB | Moved to higher tier - Tier 3 | Midodrine Hcl 2.5 mg, 5 mg, 10 mg tablet |
| Xdemvy 0.25 % SOLUTION | Added to formulary - Tier 5 | |
| 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) | |

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| Drug Name | Description of Change | Alternative |
|--------------------------|------------------------------------|---|
| Prolensa 0.07 % SOLUTION | Removed from formulary (drug list) | Diclofenac Sodium 0.1%, Flurbiprofen 0.03%, Ketorolac Tromethamine 0.5% ophthalmic solution |
| Cevimeline HCl 30 MG CAP | Moved to higher tier - Tier 4 | Hydroxychloroquine Sulfate 100 mg, 200 mg, 300 mg, 400 mg tablet |
| 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 |
| Tretinoin 0.025 % CREAM | Moved to higher tier - Tier 4 | |
| Tretinoin 0.05 % CREAM | Moved to higher tier - Tier 4 | |
| Tretinoin 0.1 % CREAM | Moved to higher tier - Tier 4 | |
| Tretinoin 0.01 % GEL | Moved to higher tier - Tier 4 | |
| Avita 0.025 % GEL | Removed from formulary (drug list) | Tretinoin 0.025 % cream |

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| Drug Name | Description of Change | Alternative |
|--------------------------------|------------------------------------|---|
| Tretinoin 0.025 % GEL | Moved to higher tier - Tier 4 | Tretinoin 0.025 % cream |
| Clindacin-P 1 % SWAB | Removed from formulary (drug list) | Clindamycin Phosphate 1% solution |
| Clindacin ETZ 1 % SWAB | Removed from formulary (drug list) | Clindamycin Phosphate 1% solution |
| Nystop 100000 UNIT/GM POWDER | Removed from formulary (drug list) | Nystatin 100000 unit/gm cream |
| Nyamyc 100000 UNIT/GM POWDER | Removed from formulary (drug list) | Nystatin 100000 unit/gm cream |
| Nystatin 100000 UNIT/GM POWDER | Removed from formulary (drug list) | Nystatin 100000 unit/gm cream |
| Klayesta 100000 UNIT/GM POWDER | Removed from formulary (drug list) | Nystatin 100000 unit/gm 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 4 | |
| Tazarotene 0.1 % GEL | Added to formulary - Tier 4 | |
| 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 |

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| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| 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 | |
| Sulfamylon 85 MG/GM CREAM | Removed from formulary (drug list) | Silver Sulfadiazine 1 % cream |
| Betamethasone Dipropionate Aug 0.05 % LOTION | Moved to higher tier - Tier 3 | Betamethasone Dipropionate Aug 0.05 % cream |
| Fluocinolone Acetonide 0.01 % CREAM | Moved to higher tier - Tier 3 | Betamethasone Valerate 0.1 % cream, ointment, lotion; Mometasone Furoate 0.1 % cream, ointment, solution; Triamcinolone Acetonide 0.1 % cream, ointment, lotion |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Fluocinolone Acetonide 0.025 % CREAM | Moved to higher tier - Tier 3 | Betamethasone Valerate 0.1 % cream, ointment, lotion; Mometasone Furoate 0.1 % cream, ointment, solution; Triamcinolone Acetonide 0.1 % cream, ointment, lotion |
| Fluocinolone Acetonide 0.025 % OINTMENT | Moved to higher tier - Tier 3 | Betamethasone Valerate 0.1 % cream, ointment, lotion; Mometasone Furoate 0.1 % cream, ointment, solution; Triamcinolone Acetonide 0.1 % cream, ointment, lotion |
| Capex 0.01 % SHAMPOO | Removed from formulary (drug list) | Fluocinonide 0.05 % solution |
| Fluocinonide Emulsified Base 0.05 % CREAM | Moved to higher tier - Tier 3 | Betamethasone Dipropionate Aug 0.05 % cream |
| Hydrocortisone Valerate 0.2 % CREAM | Removed from formulary (drug list) | Mometasone Furoate 0.1% cream, ointment; Triamcinolone Acetonide 0.1 % cream; 0.1 % ointment |
| Hydrocortisone Valerate 0.2 % OINTMENT | Removed from formulary (drug list) | Mometasone Furoate 0.1% cream, ointment; Triamcinolone Acetonide 0.1 % cream; 0.1 % ointment |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Triamcinolone Acetonide 0.025 % LOTION | Moved to lower tier - Tier 2 | |
| Calcipotriene-Betameth Diprop 0.005-0.064 % SUSPENSION | Added quantity limit | |
| Taclonex 0.005-0.064 % SUSPENSION | Added quantity limit | |
| 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 | |
| Tacrolimus 0.03 % OINTMENT | Moved to higher tier - Tier 4 | Triamcinolone Acetonide 0.025 % ointment, 0.1 % ointment, 0.5% ointment |
| Tacrolimus 0.1 % OINTMENT | Moved to higher tier - Tier 4 | Triamcinolone Acetonide 0.025 % ointment, 0.1 % ointment, 0.5% ointment |
| Lindane 1 % SHAMPOO | Removed from formulary (drug list) | Permethrin 5 % cream |
| Regranex 0.01 % GEL | Removed from formulary (drug list) | Metronidazole 0.75 % GEL |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| 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 |
| Mycophenolate Mofetil 200 MG/ML RECON SUSP | Moved to lower tier - Tier 4 | |
| Lokelma 5 GM PACKET | Added to formulary - Tier 3 | |
| Lokelma 10 GM PACKET | Added to formulary - Tier 3 | |
| 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 |
| Diclofenac Sodium 1.5 % SOLUTION | Added to formulary - Tier 3 | |
| Dutasteride 0.5 MG CAP | Moved to lower tier - Tier 2 | |
| Solifenacin Succinate 5 MG TAB | Moved to lower tier - Tier 2 | |
| Solifenacin Succinate 10 MG TAB | Moved to lower tier - Tier 2 | |

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| Drug Name | Description of Change | Alternative |
|---|------------------------------|--------------------|
| QUetiapine Fumarate 25 MG TAB | Moved to lower tier - Tier 2 | |
| QUetiapine Fumarate 50 MG TAB | Moved to lower tier - Tier 2 | |
| QUetiapine Fumarate 100 MG TAB | Moved to lower tier - Tier 2 | |
| QUetiapine Fumarate 150 MG TAB | Moved to lower tier - Tier 2 | |
| QUetiapine Fumarate 200 MG TAB | Moved to lower tier - Tier 2 | |
| QUetiapine Fumarate 300 MG TAB | Moved to lower tier - Tier 2 | |
| QUetiapine Fumarate 400 MG TAB | Moved to lower tier - Tier 2 | |
| Ibandronate Sodium 150 MG TAB | Moved to lower tier - Tier 1 | |
| Dorzolamide HCl-Timolol Mal PF 2-0.5 % SOLUTION | Moved to lower tier - Tier 3 | |

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