



Blue Shield TotalDual Plan (HMO D-SNP)

**Formulary Updates:**

The enclosed table lists the changes made to your formulary such as removing or adding: a drug, prior authorization, quantity limits or step therapy as well as any changes to a cost sharing tier. The table also includes alternative drug(s) if applicable.

**Abbreviation Key:**

| Symbol | Name                    | Description                                                                                                                                                                                                                                                                                                               |
|--------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LA     | Limited Access          | This prescription may be available only at certain pharmacies.                                                                                                                                                                                                                                                            |
| PA     | Prior Authorization     | Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination" |
| QL     | Quantity Limit          | This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.                                                                                                   |
| ST     | Step Therapy            | Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).                                                                                                                                                                                              |
| NDS    | Non-Extended Day Supply | Medication is NOT available for long-term supply.                                                                                                                                                                                                                                                                         |
| VAC    | IRA Vaccine \$0         | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.                                                                                                                                                                             |
| INS    | Covered Insulin         | You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.                                                                                                                                                                                |

| <b>Drug Tier Key</b>                   |
|----------------------------------------|
| <b>Tier 1:</b> Preferred Generic Drugs |
| <b>Tier 2:</b> Generic Drugs           |
| <b>Tier 3:</b> Preferred Brand Drugs   |
| <b>Tier 3:</b> Covered Insulins        |
| <b>Tier 4:</b> Non-Preferred Drugs     |
| <b>Tier 3:</b> Covered Insulins        |
| <b>Tier 5:</b> Specialty Tier Drugs    |

Effective 1/1/2024

| Drug Name                               | Description of Change              | Alternative                                                                                                                                  |
|-----------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Adefovir Dipivoxil 10 Mg Tab            | Moved to lower tier - Tier 4       |                                                                                                                                              |
| Advair Diskus 100-50 Mcg/Act Aer Pow Ba | Removed from formulary (drug list) | fluticasone propionate / salmeterol 100-50mg<br>fluticasone propionate / salmeterol 250-50mg<br>fluticasone propionate / salmeterol 500-50mg |
| Advair Diskus 250-50 Mcg/Act Aer Pow Ba | Removed from formulary (drug list) | fluticasone propionate / salmeterol 100-50mg<br>fluticasone propionate / salmeterol 250-50mg<br>fluticasone propionate / salmeterol 500-50mg |
| Advair Diskus 500-50 Mcg/Act Aer Pow Ba | Removed from formulary (drug list) | fluticasone propionate / salmeterol 100-50mg<br>fluticasone propionate / salmeterol 250-50mg<br>fluticasone propionate / salmeterol 500-50mg |
| Albendazole 200 Mg Tab                  | Moved to lower tier - Tier 4       |                                                                                                                                              |
| Alosetron Hcl 0.5 Mg Tab                | Moved to lower tier - Tier 4       |                                                                                                                                              |
| Alosetron Hcl 1 Mg Tab                  | Moved to lower tier - Tier 4       |                                                                                                                                              |
| Androderm 2 Mg/24Hr Patch 24Hr          | Removed from formulary (drug list) | testosterone 12.5 mg/act (1%) gel<br>testosterone 25 mg/2.5gm (1%) gel<br>testosterone 50 mg/5gm (1%) gel                                    |
| Androderm 4 Mg/24Hr Patch 24Hr          | Removed from formulary (drug list) | testosterone 12.5 mg/act (1%) gel<br>testosterone 25 mg/2.5gm (1%) gel<br>testosterone 50 mg/5gm (1%) gel                                    |

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| Drug Name                                              | Description of Change               | Alternative                                                                                                                                                                                                 |
|--------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aranesp (Albumin Free) 60 Mcg/0.3MI Soln Prsyr         | Moved to higher tier - Tier 5       | retacrit 10000 unit/ml solution<br>retacrit 2000 unit/ml solution<br>retacrit 20000 unit/ml solution<br>retacrit 3000 unit/ml solution<br>retacrit 4000 unit/ml solution<br>retacrit 40000 unit/ml solution |
| Aranesp (Albumin Free) 60 Mcg/MI Solution              | Moved to higher tier - Tier 5       | retacrit 10000 unit/ml solution<br>retacrit 2000 unit/ml solution<br>retacrit 20000 unit/ml solution<br>retacrit 3000 unit/ml solution<br>retacrit 4000 unit/ml solution<br>retacrit 40000 unit/ml solution |
| Aripiprazole 10 Mg Tab Disp                            | Moved to lower tier - Tier 4        |                                                                                                                                                                                                             |
| Aripiprazole 15 Mg Tab Disp                            | Moved to lower tier - Tier 4        |                                                                                                                                                                                                             |
| Atovaquone 750 Mg/5MI Suspension                       | Moved to lower tier - Tier 4        |                                                                                                                                                                                                             |
| Berinert 500 Unit Kit                                  | Removed from formulary (drug list)  | icatibant 30mg/3ml                                                                                                                                                                                          |
| Budesonide-Formoterol Fumarate 160-4.5 Mcg/Act Aerosol | Added to Tier 3 with Quantity Limit |                                                                                                                                                                                                             |
| Budesonide-Formoterol Fumarate 80-4.5 Mcg/Act Aerosol  | Added to Tier 3 with Quantity Limit |                                                                                                                                                                                                             |
| Buprenorphine Hcl 2 Mg SI Tab                          | Updated quantity limit              |                                                                                                                                                                                                             |
| Buprenorphine Hcl 8 Mg SI Tab                          | Updated quantity limit              |                                                                                                                                                                                                             |
| Bylvay 1200 Mcg Cap                                    | Updated quantity limit              |                                                                                                                                                                                                             |
| Bylvay 400 Mcg Cap                                     | Updated quantity limit              |                                                                                                                                                                                                             |

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| Drug Name                                      | Description of Change              | Alternative                                        |
|------------------------------------------------|------------------------------------|----------------------------------------------------|
| Cabergoline 0.5 Mg Tab                         | Removed quantity limit             |                                                    |
| Cabliivi 11 Mg Kit                             | Removed from formulary (drug list) |                                                    |
| Cefdinir 125 Mg/5MI Recon Susp                 | Moved to higher tier - Tier 3      | cefdinir 300mg capsule                             |
| Cefdinir 250 Mg/5MI Recon Susp                 | Moved to higher tier - Tier 3      | cefdinir 300mg capsule                             |
| Chlordiazepoxide Hcl 10 Mg Cap                 | Removed from formulary (drug list) |                                                    |
| Chlordiazepoxide Hcl 25 Mg Cap                 | Removed from formulary (drug list) |                                                    |
| Chlordiazepoxide Hcl 5 Mg Cap                  | Removed from formulary (drug list) |                                                    |
| Cholestyramine 4 Gm Packet                     | Moved to higher tier - Tier 3      |                                                    |
| Cholestyramine 4 Gm/Dose Powder                | Moved to higher tier - Tier 3      |                                                    |
| Cholestyramine Light 4 Gm/Dose Powder          | Moved to higher tier - Tier 3      |                                                    |
| Cinryze 500 Unit Recon Soln                    | Removed from formulary (drug list) | haegarda 2000unit or 3000unit,                     |
| Clindamycin Palmitate Hcl 75 Mg/5MI Recon Soln | Moved to higher tier - Tier 4      | clindamycin 75mg, 150mg and 300mg capsule,         |
| Clobetasol Propionate 0.05 % Cream             | Moved to higher tier - Tier 4      |                                                    |
| Clobetasol Propionate 0.05 % Ointment          | Moved to higher tier - Tier 4      |                                                    |
| Clobetasol Propionate 0.05 % Solution          | Moved to higher tier - Tier 4      | fluocinonide 0.05% cream, halobetasol 0.05% cream, |

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| Drug Name                                      | Description of Change                    | Alternative                      |
|------------------------------------------------|------------------------------------------|----------------------------------|
| Clobetasol Propionate E 0.05 % Cream           | Moved to higher tier - Tier 4            | fluocinonide 0.05% solution      |
| Clozapine 200 Mg Tab Disp                      | Moved to higher tier - Tier 5            |                                  |
| Colchicine 0.6 Mg Cap                          | Removed from formulary (drug list)       |                                  |
| Deferiprone 1000 Mg Tab                        | Removed from formulary (drug list)       |                                  |
| Deferiprone 500 Mg Tab                         | Removed from formulary (drug list)       |                                  |
| Depo-Subq Provera 104 104 Mg/0.65MI Susp Prsyr | Added to Tier 4                          |                                  |
| Diazoxide 50 Mg/MI Suspension                  | Moved to higher tier - Tier 5            |                                  |
| Digoxin 0.05 Mg/MI Solution                    | Removed from formulary (drug list)       | digoxin 125mcg and 250mcg tablet |
| Dotti 0.025 Mg/24Hr Patch Tw                   | Moved to higher tier - Tier 3            |                                  |
| Dotti 0.0375 Mg/24Hr Patch Tw                  | Moved to higher tier - Tier 3            |                                  |
| Dotti 0.05 Mg/24Hr Patch Tw                    | Moved to higher tier - Tier 3            |                                  |
| Dotti 0.075 Mg/24Hr Patch Tw                   | Moved to higher tier - Tier 3            |                                  |
| Dotti 0.1 Mg/24Hr Patch Tw                     | Moved to higher tier - Tier 3            |                                  |
| Dupixent 100 Mg/0.67MI Soln Prsyr              | Added to Tier 5 with prior authorization |                                  |
| Dupixent 200 Mg/1.14MI Soln Pen                | Added to Tier 5 with prior authorization |                                  |
| Dupixent 200 Mg/1.14MI Soln Prsyr              | Added to Tier 5 with prior authorization |                                  |
| Dupixent 300 Mg/2MI Soln Pen                   | Added to Tier 5 with prior authorization |                                  |

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| Drug Name                                 | Description of Change                    | Alternative |
|-------------------------------------------|------------------------------------------|-------------|
| Dupixent 300 Mg/2MI Soln Prsyr            | Added to Tier 5 with prior authorization |             |
| Emtricitabine-Tenofovir Df 200-300 Mg Tab | Moved to lower tier - Tier 4             |             |
| Enbrel 25 Mg Recon Soln                   | Added quantity limit                     |             |
| Enbrel 25 Mg/0.5MI Soln Prsyr             | Added quantity limit                     |             |
| Enbrel 25 Mg/0.5MI Solution               | Added quantity limit                     |             |
| Enbrel 50 Mg/MI Soln Prsyr                | Added quantity limit                     |             |
| Enbrel Sureclick 50 Mg/MI Soln A-Inj      | Added quantity limit                     |             |
| Endari 5 Gm Packet                        | Added to Tier 5 with prior authorization |             |
| Epinephrine 0.15 Mg/0.15MI Soln A-Inj     | Moved to higher tier - Tier 3            |             |
| Epinephrine 0.15 Mg/0.3MI Soln A-Inj      | Moved to higher tier - Tier 3            |             |
| Epinephrine 0.3 Mg/0.3MI Soln A-Inj       | Moved to higher tier - Tier 3            |             |
| Ergoloid Mesylates 1 Mg Tab               | Removed from formulary (drug list)       |             |
| Estradiol 0.025 Mg/24Hr Patch Tw          | Moved to higher tier - Tier 3            |             |
| Estradiol 0.0375 Mg/24Hr Patch Tw         | Moved to higher tier - Tier 3            |             |
| Estradiol 0.05 Mg/24Hr Patch Tw           | Moved to higher tier - Tier 3            |             |

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| Drug Name                             | Description of Change              | Alternative            |
|---------------------------------------|------------------------------------|------------------------|
| Estradiol 0.075 Mg/24Hr Patch Tw      | Moved to higher tier - Tier 3      |                        |
| Estradiol 0.1 Mg/24Hr Patch Tw        | Moved to higher tier - Tier 3      |                        |
| Etravirine 100 Mg Tab                 | Moved to higher tier - Tier 5      |                        |
| Etravirine 200 Mg Tab                 | Moved to higher tier - Tier 5      |                        |
| Fabrazyme 35 Mg Recon Soln            | Removed from formulary (drug list) |                        |
| Fentanyl Citrate 100 Mcg Tab          | Removed from formulary (drug list) |                        |
| Fentanyl Citrate 200 Mcg Tab          | Removed from formulary (drug list) |                        |
| Fentanyl Citrate 400 Mcg Tab          | Removed from formulary (drug list) |                        |
| Fentanyl Citrate 600 Mcg Tab          | Removed from formulary (drug list) |                        |
| Fentanyl Citrate 800 Mcg Tab          | Removed from formulary (drug list) |                        |
| Ferriprox 100 Mg/MI Solution          | Removed from formulary (drug list) |                        |
| Firdapse 10 Mg Tab                    | Removed from formulary (drug list) |                        |
| Flovent Diskus 100 Mcg/Act Aer Pow Ba | Removed from formulary (drug list) | Qvar 40mcg, Qvar 80mcg |
| Flovent Diskus 250 Mcg/Act Aer Pow Ba | Removed from formulary (drug list) | Qvar 40mcg, Qvar 80mcg |
| Flovent Diskus 50 Mcg/Act Aer Pow Ba  | Removed from formulary (drug list) | Qvar 40mcg, Qvar 80mcg |



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| Drug Name                           | Description of Change                    | Alternative                                                                             |
|-------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------|
| Flovent Hfa 110 Mcg/Act Aerosol     | Removed from formulary (drug list)       | Qvar 40mcg, Qvar 80mcg                                                                  |
| Flovent Hfa 220 Mcg/Act Aerosol     | Removed from formulary (drug list)       | Qvar 40mcg, Qvar 80mcg                                                                  |
| Flovent Hfa 44 Mcg/Act Aerosol      | Removed from formulary (drug list)       | Qvar 40mcg, Qvar 80mcg                                                                  |
| Fluocinonide 0.05 % Cream           | Moved to higher tier - Tier 3            | triamcinolone 0.5% cream, triamcinolone 0.5% ointment, mometasone furoate 0.1% solution |
| Fluocinonide 0.05 % Gel             | Moved to higher tier - Tier 3            | triamcinolone 0.5% cream, triamcinolone 0.5% ointment, mometasone furoate 0.1% solution |
| Fluocinonide 0.05 % Ointment        | Moved to higher tier - Tier 3            | triamcinolone 0.5% cream, triamcinolone 0.5% ointment, mometasone furoate 0.1% solution |
| Fluocinonide 0.05 % Solution        | Moved to higher tier - Tier 3            | triamcinolone 0.5% cream, triamcinolone 0.5% ointment, mometasone furoate 0.1% solution |
| Fosamprenavir Calcium 700 Mg Tab    | Moved to lower tier - Tier 4             |                                                                                         |
| Fosfomycin Tromethamine 3 Gm Packet | Removed from formulary (drug list)       |                                                                                         |
| Genotropin 12 Mg Cartridge          | Added to Tier 5 with prior authorization |                                                                                         |
| Genotropin 5 Mg Cartridge           | Added to Tier 5 with prior authorization |                                                                                         |
| Genotropin Miniquick 0.2 Mg Prsyr   | Added to Tier 5 with prior authorization |                                                                                         |

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| Drug Name                                            | Description of Change                    | Alternative                             |
|------------------------------------------------------|------------------------------------------|-----------------------------------------|
| Genotropin Miniquick 0.4 Mg Prsyr                    | Added to Tier 5 with prior authorization |                                         |
| Genotropin Miniquick 0.6 Mg Prsyr                    | Added to Tier 5 with prior authorization |                                         |
| Genotropin Miniquick 0.8 Mg Prsyr                    | Added to Tier 5 with prior authorization |                                         |
| Genotropin Miniquick 1 Mg Prsyr                      | Added to Tier 5 with prior authorization |                                         |
| Genotropin Miniquick 1.2 Mg Prsyr                    | Added to Tier 5 with prior authorization |                                         |
| Genotropin Miniquick 1.4 Mg Prsyr                    | Added to Tier 5 with prior authorization |                                         |
| Genotropin Miniquick 1.6 Mg Prsyr                    | Added to Tier 5 with prior authorization |                                         |
| Genotropin Miniquick 1.8 Mg Prsyr                    | Added to Tier 5 with prior authorization |                                         |
| Genotropin Miniquick 2 Mg Prsyr                      | Added to Tier 5 with prior authorization |                                         |
| Humalog 100 Unit/MI Solution                         | Removed from formulary (drug list)       | humalog kwikpen<br>insulin lispro vials |
| Humira 10 Mg/0.1MI Pref Sy Kt                        | Added quantity limit                     |                                         |
| Humira 10 Mg/0.2MI Pref Sy Kt                        | Added quantity limit                     |                                         |
| Humira 20 Mg/0.2MI Pref Sy Kt                        | Added quantity limit                     |                                         |
| Humira 20 Mg/0.4MI Pref Sy Kt                        | Added quantity limit                     |                                         |
| Humira 40 Mg/0.4MI Pref Sy Kt                        | Added quantity limit                     |                                         |
| Humira 40 Mg/0.8MI Pref Sy Kt                        | Added quantity limit                     |                                         |
| Humira Pediatric Crohns Start 40 Mg/0.8MI Pref Sy Kt | Added quantity limit                     |                                         |

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| Drug Name                                                         | Description of Change              | Alternative         |
|-------------------------------------------------------------------|------------------------------------|---------------------|
| Humira Pediatric Crohns Start 80 Mg/0.8MI & 40Mg/0.4MI Pref Sy Kt | Added quantity limit               |                     |
| Humira Pediatric Crohns Start 80 Mg/0.8MI Pref Sy Kt              | Added quantity limit               |                     |
| Humira Pen 40 Mg/0.4MI Pen Kit                                    | Added quantity limit               |                     |
| Humira Pen 40 Mg/0.8MI Pen Kit                                    | Added quantity limit               |                     |
| Humira Pen 80 Mg/0.8MI Pen Kit                                    | Added quantity limit               |                     |
| Humira Pen-Cd/Uc/Hs Starter 40 Mg/0.8MI Pen Kit                   | Added quantity limit               |                     |
| Humira Pen-Cd/Uc/Hs Starter 80 Mg/0.8MI Pen Kit                   | Added quantity limit               |                     |
| Humira Pen-Pediatric Uc Start 80 Mg/0.8MI Pen Kit                 | Added quantity limit               |                     |
| Humira Pen-Ps/Uv/Adol Hs Start 40 Mg/0.8MI Pen Kit                | Added quantity limit               |                     |
| Humira Pen-Psor/Uveit Starter 80 Mg/0.8MI & 40Mg/0.4MI Pen Kit    | Added quantity limit               |                     |
| Humulin R U-500 (Concentrated) 500 Unit/MI Solution               | Added BvD prior authorization      |                     |
| Incruse Ellipta 62.5 Mcg/Act Aer Pow Ba                           | Removed from formulary (drug list) | spirivia handihaler |
| Itraconazole 100 Mg Cap                                           | Removed prior authorization        |                     |

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| Drug Name          | Description of Change              | Alternative                                                                                                               |
|--------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Juxtapid 10 Mg Cap | Removed from formulary (drug list) | repatha pushtronex system 420 mg/3.5ml soln cart<br>repatha sureclick 140 mg/ml soln a-inj<br>repatha 140 mg/ml soln prsy |
| Juxtapid 20 Mg Cap | Removed from formulary (drug list) | repatha pushtronex system 420 mg/3.5ml soln cart<br>repatha sureclick 140 mg/ml soln a-inj<br>repatha 140 mg/ml soln prsy |
| Juxtapid 30 Mg Cap | Removed from formulary (drug list) | repatha pushtronex system 420 mg/3.5ml soln cart<br>repatha sureclick 140 mg/ml soln a-inj<br>repatha 140 mg/ml soln prsy |
| Juxtapid 40 Mg Cap | Removed from formulary (drug list) | repatha pushtronex system 420 mg/3.5ml soln cart<br>repatha sureclick 140 mg/ml soln a-inj<br>repatha 140 mg/ml soln prsy |
| Juxtapid 5 Mg Cap  | Removed from formulary (drug list) | repatha pushtronex system 420 mg/3.5ml soln cart<br>repatha sureclick 140 mg/ml soln a-inj<br>repatha 140 mg/ml soln prsy |
| Juxtapid 60 Mg Cap | Removed from formulary (drug list) | repatha pushtronex system 420 mg/3.5ml soln cart<br>repatha sureclick 140 mg/ml soln a-inj<br>repatha 140 mg/ml soln prsy |

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| Drug Name                                     | Description of Change              | Alternative                                                                                                                                                                                                                  |
|-----------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lupron Depot-Ped (1-Month) 11.25 Mg Kit       | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit<br>lupron depot (1-month) 7.5 mg kit<br>lupron depot (3-month) 11.25 mg kit<br>lupron depot (3-month) 22.5 mg kit<br>lupron depot (4-month) 30 mg kit<br>lupron depot (6-month) 45 mg kit |
| Lupron Depot-Ped (1-Month) 15 Mg Kit          | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit<br>lupron depot (1-month) 7.5 mg kit<br>lupron depot (3-month) 11.25 mg kit<br>lupron depot (3-month) 22.5 mg kit<br>lupron depot (4-month) 30 mg kit<br>lupron depot (6-month) 45 mg kit |
| Lupron Depot-Ped (1-Month) 7.5 Mg Kit         | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit<br>lupron depot (1-month) 7.5 mg kit<br>lupron depot (3-month) 11.25 mg kit<br>lupron depot (3-month) 22.5 mg kit<br>lupron depot (4-month) 30 mg kit<br>lupron depot (6-month) 45 mg kit |
| Lupron Depot-Ped (3-Month) 11.25 Mg (Ped) Kit | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit<br>lupron depot (1-month) 7.5 mg kit<br>lupron depot (3-month) 11.25 mg kit<br>lupron depot (3-month) 22.5 mg kit<br>lupron depot (4-month) 30 mg kit<br>lupron depot (6-month) 45 mg kit |

| Drug Name                            | Description of Change              | Alternative                                                                                                                                                                                                                  |
|--------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lupron Depot-Ped (3-Month) 30 Mg Kit | Removed from formulary (drug list) | lupron depot (1-month) 3.75 mg kit<br>lupron depot (1-month) 7.5 mg kit<br>lupron depot (3-month) 11.25 mg kit<br>lupron depot (3-month) 22.5 mg kit<br>lupron depot (4-month) 30 mg kit<br>lupron depot (6-month) 45 mg kit |
| Lyllana 0.025 Mg/24Hr Patch Tw       | Moved to higher tier - Tier 3      |                                                                                                                                                                                                                              |
| Lyllana 0.0375 Mg/24Hr Patch Tw      | Moved to higher tier - Tier 3      |                                                                                                                                                                                                                              |
| Lyllana 0.05 Mg/24Hr Patch Tw        | Moved to higher tier - Tier 3      |                                                                                                                                                                                                                              |
| Lyllana 0.075 Mg/24Hr Patch Tw       | Moved to higher tier - Tier 3      |                                                                                                                                                                                                                              |
| Lyllana 0.1 Mg/24Hr Patch Tw         | Moved to higher tier - Tier 3      |                                                                                                                                                                                                                              |
| Lyumjev 100 Unit/MI Solution         | Removed from formulary (drug list) | humalog kwikpen<br>insulin lispro vials                                                                                                                                                                                      |
| Lyumjev Kwikpen 100 Unit/MI Soln Pen | Removed from formulary (drug list) | humalog kwikpen<br>insulin lispro vials                                                                                                                                                                                      |
| Lyumjev Kwikpen 200 Unit/MI Soln Pen | Removed from formulary (drug list) | humalog kwikpen<br>insulin lispro vials                                                                                                                                                                                      |
| Miconazole 3 200 Mg Suppos           | Moved to lower tier - Tier 3       |                                                                                                                                                                                                                              |
| Minocycline Hcl 100 Mg Tab           | Removed from formulary (drug list) | minocycline hcl 100 mg cap<br>minocycline hcl 50 mg cap<br>minocycline hcl 75 mg cap                                                                                                                                         |
| Minocycline Hcl 50 Mg Tab            | Removed from formulary (drug list) | minocycline hcl 100 mg cap<br>minocycline hcl 50 mg cap<br>minocycline hcl 75 mg cap                                                                                                                                         |

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| Drug Name                                      | Description of Change                    | Alternative                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Minocycline Hcl 75 Mg Tab                      | Removed from formulary (drug list)       | minocycline hcl 100 mg cap<br>minocycline hcl 50 mg cap<br>minocycline hcl 75 mg cap                                                                                                                                                                                                                                                                                                                                        |
| Moxifloxacin Hcl 400 Mg/250MI Solution         | Added to Tier 4 with prior authorization |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Moxifloxacin Hcl In Nacl 400 Mg/250MI Solution | Added to Tier 4 with prior authorization |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Nitrofurantoin Macrocrystal 25 Mg Cap          | Removed from formulary (drug list)       | nitrofurantoin macrocrystal 50mg capsule<br>nitrofurantoin macrocrystal 100mg capsule                                                                                                                                                                                                                                                                                                                                       |
| Norditropin Flexpro 10 Mg/1.5MI Soln Pen       | Removed from formulary (drug list)       | genotropin miniquick 0.2 mg prsy<br>genotropin miniquick 0.4 mg prsy<br>genotropin miniquick 0.6 mg prsy<br>genotropin miniquick 0.8 mg prsy<br>genotropin miniquick 1 mg prsy<br>genotropin miniquick 1.2 mg prsy<br>genotropin miniquick 1.4 mg prsy<br>genotropin miniquick 1.6 mg prsy<br>genotropin miniquick 1.8 mg prsy<br>genotropin miniquick 2 mg prsy<br>genotropin 12 mg cartridge<br>genotropin 5 mg cartridge |

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| Drug Name                                | Description of Change              | Alternative                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Norditropin Flexpro 15 Mg/1.5MI Soln Pen | Removed from formulary (drug list) | genotropin miniquick 0.2 mg prsy<br>genotropin miniquick 0.4 mg prsy<br>genotropin miniquick 0.6 mg prsy<br>genotropin miniquick 0.8 mg prsy<br>genotropin miniquick 1 mg prsy<br>genotropin miniquick 1.2 mg prsy<br>genotropin miniquick 1.4 mg prsy<br>genotropin miniquick 1.6 mg prsy<br>genotropin miniquick 1.8 mg prsy<br>genotropin miniquick 2 mg prsy<br>genotropin 12 mg cartridge<br>genotropin 5 mg cartridge |
| Norditropin Flexpro 30 Mg/3MI Soln Pen   | Removed from formulary (drug list) | genotropin miniquick 0.2 mg prsy<br>genotropin miniquick 0.4 mg prsy<br>genotropin miniquick 0.6 mg prsy<br>genotropin miniquick 0.8 mg prsy<br>genotropin miniquick 1 mg prsy<br>genotropin miniquick 1.2 mg prsy<br>genotropin miniquick 1.4 mg prsy<br>genotropin miniquick 1.6 mg prsy<br>genotropin miniquick 1.8 mg prsy<br>genotropin miniquick 2 mg prsy<br>genotropin 12 mg cartridge<br>genotropin 5 mg cartridge |



| Drug Name                                         | Description of Change                    | Alternative                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Norditropin Flexpro 5 Mg/1.5MI Soln Pen           | Removed from formulary (drug list)       | genotropin miniquick 0.2 mg prsy<br>genotropin miniquick 0.4 mg prsy<br>genotropin miniquick 0.6 mg prsy<br>genotropin miniquick 0.8 mg prsy<br>genotropin miniquick 1 mg prsy<br>genotropin miniquick 1.2 mg prsy<br>genotropin miniquick 1.4 mg prsy<br>genotropin miniquick 1.6 mg prsy<br>genotropin miniquick 1.8 mg prsy<br>genotropin miniquick 2 mg prsy<br>genotropin 12 mg cartridge<br>genotropin 5 mg cartridge |
| Norethindrone-Eth Estradiol 0.5-2.5 Mg-Mcg Tab    | Moved to higher tier - Tier 4            |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Nurtec 75 Mg Tab Disp                             | Added to Tier 5 with prior authorization |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Octreotide Acetate 1000 Mcg/MI Solution           | Moved to lower tier - Tier 4             |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Octreotide Acetate 500 Mcg/MI Solution            | Moved to lower tier - Tier 4             |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Orbactiv 400 Mg Recon Soln                        | Removed from formulary (drug list)       |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Oxybutynin Chloride 5 Mg/5MI Solution             | Removed from formulary (drug list)       | oxybutynin tablets                                                                                                                                                                                                                                                                                                                                                                                                          |
| Oxybutynin Chloride 5 Mg/5MI Syrup                | Removed from formulary (drug list)       | oxybutynin tablets                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/1.5MI Soln Pen | Added prior authorization                |                                                                                                                                                                                                                                                                                                                                                                                                                             |

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| Drug Name                                       | Description of Change              | Alternative                    |
|-------------------------------------------------|------------------------------------|--------------------------------|
| Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/3MI Soln Pen | Added prior authorization          |                                |
| Ozempic (1 Mg/Dose) 2 Mg/1.5MI Soln Pen         | Added prior authorization          |                                |
| Ozempic (1 Mg/Dose) 4 Mg/3MI Soln Pen           | Added prior authorization          |                                |
| Ozempic (2 Mg/Dose) 8 Mg/3MI Soln Pen           | Added prior authorization          |                                |
| Potassium Citrate Er 10 Meq (1080 Mg) Tab Er    | Moved to higher tier - Tier 3      |                                |
| Potassium Citrate Er 5 Meq (540 Mg) Tab Er      | Moved to higher tier - Tier 3      |                                |
| Premphase 0.625-5 Mg Tab                        | Moved to higher tier - Tier 4      |                                |
| Prempro 0.3-1.5 Mg Tab                          | Moved to higher tier - Tier 4      |                                |
| Prempro 0.45-1.5 Mg Tab                         | Moved to higher tier - Tier 4      |                                |
| Prempro 0.625-2.5 Mg Tab                        | Moved to higher tier - Tier 4      |                                |
| Prempro 0.625-5 Mg Tab                          | Moved to higher tier - Tier 4      |                                |
| Prevalite 4 Gm Packet                           | Moved to higher tier - Tier 3      |                                |
| Prevalite 4 Gm/Dose Powder                      | Moved to higher tier - Tier 3      |                                |
| Priftin 150 Mg Tab                              | Moved to higher tier - Tier 4      |                                |
| Procysbi 300 Mg Packet                          | Removed from formulary (drug list) | cystagon 50mg or 150mg capsule |
| Procysbi 75 Mg Packet                           | Removed from formulary (drug list) | cystagon 50mg or 150mg capsule |
| Promethazine Hcl 25 Mg/MI Solution              | Removed from formulary (drug list) | promethazine 25mg tablet       |

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| Drug Name                          | Description of Change              | Alternative                                      |
|------------------------------------|------------------------------------|--------------------------------------------------|
| Promethazine Hcl 50 Mg/MI Solution | Removed from formulary (drug list) | promethazine 25mg tablet                         |
| Ravicti 1.1 Gm/MI Liquid           | Removed from formulary (drug list) | sodium phenylbutyrate 500mg tablet               |
| Retacrit 40000 Unit/MI Solution    | Moved to lower tier - Tier 4       |                                                  |
| Rinvoq 45 Mg Tab Er 24H            | Updated quantity limit             |                                                  |
| Risperdal Consta 12.5 Mg Srer      | Added BvD prior authorization      |                                                  |
| Risperdal Consta 25 Mg Srer        | Added BvD prior authorization      |                                                  |
| Risperdal Consta 37.5 Mg Srer      | Added BvD prior authorization      |                                                  |
| Risperdal Consta 50 Mg Srer        | Added BvD prior authorization      |                                                  |
| Ruconest 2100 Unit Recon Soln      | Removed from formulary (drug list) | haegarda 2000unit or 3000unit, icanbant 30mg/3ml |
| Ruzurgi 10 Mg Tab                  | Removed from formulary (drug list) |                                                  |
| Rybelsus 14 Mg Tab                 | Added prior authorization          |                                                  |
| Rybelsus 3 Mg Tab                  | Added prior authorization          |                                                  |
| Rybelsus 7 Mg Tab                  | Added prior authorization          |                                                  |
| Santyl 250 Unit/Gm Ointment        | Moved to higher tier - Tier 4      |                                                  |
| Savella 100 Mg Tab                 | Removed from formulary (drug list) |                                                  |
| Savella 12.5 Mg Tab                | Removed from formulary (drug list) |                                                  |

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| Drug Name                                     | Description of Change              | Alternative |
|-----------------------------------------------|------------------------------------|-------------|
| Savella 25 Mg Tab                             | Removed from formulary (drug list) |             |
| Savella 50 Mg Tab                             | Removed from formulary (drug list) |             |
| Savella Titration Pack 12.5 & 25 & 50 Mg Misc | Removed from formulary (drug list) |             |
| Scopolamine 1 Mg/3Days Patch 72Hr             | Removed prior authorization        |             |
| Sevelamer Carbonate 800 Mg Tab                | Moved to higher tier - Tier 3      |             |
| Sirolimus 2 Mg Tab                            | Moved to lower tier - Tier 4       |             |
| Sirturo 100 Mg Tab                            | Removed quantity limit             |             |
| Sirturo 20 Mg Tab                             | Removed quantity limit             |             |
| Skyrizi (150 Mg Dose) 75 Mg/0.83MI Pref Sy Kt | Added quantity limit               |             |
| Skyrizi 150 Mg/MI Soln Prsyr                  | Added quantity limit               |             |
| Skyrizi 180 Mg/1.2MI Soln Cart                | Added quantity limit               |             |
| Skyrizi 360 Mg/2.4MI Soln Cart                | Added quantity limit               |             |
| Skyrizi 600 Mg/10MI Solution                  | Added quantity limit               |             |
| Skyrizi Pen 150 Mg/MI Soln A-Inj              | Added quantity limit               |             |
| Stelara 130 Mg/26MI Solution                  | Added quantity limit               |             |
| Stelara 45 Mg/0.5MI Soln Prsyr                | Added quantity limit               |             |
| Stelara 45 Mg/0.5MI Solution                  | Added quantity limit               |             |
| Stelara 90 Mg/MI Soln Prsyr                   | Added quantity limit               |             |

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| Drug Name                                          | Description of Change                    | Alternative                                                                                                     |
|----------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Symbicort 160-4.5 Mcg/Act Aerosol                  | Removed from formulary (drug list)       | budesonide-formoterol fumarate 80-4.5 mcg/act aerosol<br>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol |
| Symbicort 80-4.5 Mcg/Act Aerosol                   | Removed from formulary (drug list)       | budesonide-formoterol fumarate 80-4.5 mcg/act aerosol<br>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol |
| Tavalisse 100 Mg Tab                               | Removed from formulary (drug list)       |                                                                                                                 |
| Tavalisse 150 Mg Tab                               | Removed from formulary (drug list)       |                                                                                                                 |
| Teriparatide (Recombinant) 620 Mcg/2.48MI Soln Pen | Added to Tier 5 with prior authorization |                                                                                                                 |
| Theophylline 80 Mg/15MI Elixir                     | Removed from formulary (drug list)       | theophylline 100mg and 200mg tablets                                                                            |
| Theophylline 80 Mg/15MI Solution                   | Removed from formulary (drug list)       | theophylline 100mg and 200mg tablets                                                                            |
| Thiola Ec 100 Mg Tab Dr                            | Removed from formulary (drug list)       | penicillamine 250mg tablet                                                                                      |
| Thiola Ec 300 Mg Tab Dr                            | Removed from formulary (drug list)       | penicillamine 250mg tablet                                                                                      |
| Trelstar Mixject 11.25 Mg Recon Susp               | Moved to lower tier - Tier 4             |                                                                                                                 |
| Trelstar Mixject 22.5 Mg Recon Susp                | Moved to lower tier - Tier 4             |                                                                                                                 |
| Trelstar Mixject 3.75 Mg Recon Susp                | Moved to lower tier - Tier 4             |                                                                                                                 |

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| Drug Name                                         | Description of Change                    | Alternative                  |
|---------------------------------------------------|------------------------------------------|------------------------------|
| Triazolam 0.125 Mg Tab                            | Moved to higher tier - Tier 4            | zolpidem 5mg and 10mg tablet |
| Triazolam 0.25 Mg Tab                             | Moved to higher tier - Tier 4            | zolpidem 5mg and 10mg tablet |
| Trulicity 0.75 Mg/0.5MI Soln Pen                  | Added prior authorization                |                              |
| Trulicity 1.5 Mg/0.5MI Soln Pen                   | Added prior authorization                |                              |
| Trulicity 3 Mg/0.5MI Soln Pen                     | Added prior authorization                |                              |
| Trulicity 4.5 Mg/0.5MI Soln Pen                   | Added prior authorization                |                              |
| Truseltiq (100Mg Daily Dose) 100 Mg Cap Thpk      | Removed from formulary (drug list)       |                              |
| Truseltiq (125Mg Daily Dose) 100 & 25 Mg Cap Thpk | Removed from formulary (drug list)       |                              |
| Truseltiq (50Mg Daily Dose) 25 Mg Cap Thpk        | Removed from formulary (drug list)       |                              |
| Truseltiq (75Mg Daily Dose) 25 Mg Cap Thpk        | Removed from formulary (drug list)       |                              |
| Varizig 125 Unit/1.2MI Solution                   | Removed from formulary (drug list)       |                              |
| Verquvo 10 Mg Tab                                 | Added to Tier 4 with prior authorization |                              |
| Verquvo 2.5 Mg Tab                                | Added to Tier 4 with prior authorization |                              |
| Verquvo 5 Mg Tab                                  | Added to Tier 4 with prior authorization |                              |
| Victoza 18 Mg/3MI Soln Pen                        | Added prior authorization                |                              |
| Voriconazole 200 Mg Recon Soln                    | Moved to lower tier - Tier 4             |                              |
| Voriconazole 40 Mg/MI Recon Susp                  | Moved to lower tier - Tier 4             |                              |

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| Drug Name                     | Description of Change              | Alternative                           |
|-------------------------------|------------------------------------|---------------------------------------|
| Vyndamax 61 Mg Cap            | Removed from formulary (drug list) |                                       |
| Vyndaqel 20 Mg Cap            | Removed from formulary (drug list) |                                       |
| Xifaxan 200 Mg Tab            | Moved to lower tier - Tier 4       |                                       |
| Xolair 150 Mg Recon Soln      | Added quantity limit               |                                       |
| Xolair 150 Mg/MI Soln Prsyr   | Added quantity limit               |                                       |
| Xolair 75 Mg/0.5MI Soln Prsyr | Added quantity limit               |                                       |
| Yuvaferm 10 Mcg Tab           | Moved to higher tier - Tier 3      | estradiol 0.5mg, 1mg, and 2mg tablets |
| Zontivity 2.08 Mg Tab         | Removed from formulary (drug list) |                                       |

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