



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.
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.

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	
Stromectol 3 MG TAB	Removed quantity limit	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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)	
Emzahh 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)	

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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	

EFFECTIVE DATE 1/1/2025

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)	

EFFECTIVE DATE 1/1/2025

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	
acetaZOLAMIDE ER 500 MG CAP ER 12H	Moved to lower tier - Tier 2	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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	
Amlodipine-Atorvastatin 5-20 MG TAB	Moved to lower tier - Tier 3	
Amlodipine-Atorvastatin 5-40 MG TAB	Moved to lower tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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	
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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	
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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)	
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Relistor 8 MG/0.4ML SOLUTION	Removed from formulary (drug list)	Movantik 12.5 mg, 25 mg tablet
Relistor 12 MG/0.6ML SOLUTION	Removed from formulary (drug list)	Movantik 12.5 mg, 25 mg tablet
Cholbam 50 MG CAP	Removed from formulary (drug list)	
Cholbam 250 MG CAP	Removed from formulary (drug list)	
Calcium Acetate (Phos Binder) 667 MG CAP	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Calcium Acetate 667 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Calcium Acetate (Phos Binder) 667 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Phoslyra 667 MG/5ML SOLUTION	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Auryxia 1 GM 210 MG(Fe) TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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	
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
Zenedi 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
Zenedi 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
Zenedi 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
Zenedi 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
Zenedi 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	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Austedo XR 6 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 12 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 18 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 24 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 30 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 36 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 42 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 48 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR Patient Titration 6 & 12 & 24 MG TBER THPK	Removed from formulary (drug list)	
Austedo XR Patient Titration 12 & 18 & 24 & 30 MG TBER THPK	Removed from formulary (drug list)	
Ingrezza 40 MG CAP	Removed from formulary (drug list)	
Ingrezza 60 MG CAP	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Ingrezza 80 MG CAP	Removed from formulary (drug list)	
Ingrezza 40 & 80 MG CAP THPK	Removed from formulary (drug list)	
Glatiramer Acetate 20 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Copaxone 20 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Glatiramer Acetate 20 mg/ml, 40 mg/ml prefilled syringe solution; Glatopa 20 mg/ml, 40 mg/ml prefilled syringe solution
Glatopa 20 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Glatiramer Acetate 40 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
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	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Plegridy 125 MCG/0.5ML SOLN PRSYR	Added quantity limit	
Plegridy 125 MCG/0.5ML SOLN PRSYR	Added quantity limit	
Plegridy Starter Pack 63 & 94 MCG/0.5ML SOLN PRSYR	Added quantity limit	
Tysabri 300 MG/15ML CONC	Removed from formulary (drug list)	Betaseron 0.3 mg Kit
Sodium Oxybate 500 MG/ML SOLUTION	Added to formulary - Tier 5	
Xyrem 500 MG/ML SOLUTION	Removed from formulary (drug list)	Sodium Oxybate 500 mg/ml solution
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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)	
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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)	
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Lastacaft 0.25 % SOLUTION	Removed from formulary (drug list)	Azelastine 0.05% solution
Olopatadine HCl 0.1 % SOLUTION	Removed from formulary (drug list)	
Olopatadine HCl 0.2 % SOLUTION	Removed from formulary (drug list)	
Pazeo 0.7 % SOLUTION	Removed from formulary (drug list)	
Prolensa 0.07 % SOLUTION	Removed from formulary (drug list)	Diclofenac Sodium 0.1%, Flurbiprofen 0.03%, Ketorolac Tromethamine 0.5% ophthalmic solution
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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
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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
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	
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	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Dorzolamide HCl-Timolol Mal PF 2-0.5 % SOLUTION	Moved to lower tier - Tier 3	

For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost.

Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio.

如欲免費獲取中文協助，請撥打您ID卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental.

本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。