



Blue Shield Rx Plus (PDP)

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

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Drug Name	Description of Change	Alternative
Nafcillin Sodium 10 GM RECON SOLN	Moved to lower tier - Tier 4	
Cefadroxil 500 MG CAP	Moved to higher tier - Tier 3	Cephalexin 250 mg, 500 mg capsule
Cefuroxime Axetil 250 MG TAB	Moved to higher tier - Tier 3	Cephalexin 250 mg, 500 mg capsule
Cefuroxime Axetil 500 MG TAB	Moved to higher tier - Tier 3	Cephalexin 250 mg, 500 mg capsule
Cefdinir 300 MG CAP	Moved to higher tier - Tier 3	Cephalexin 250 mg, 500 mg capsule
Cefotaxime Sodium 1 GM RECON SOLN	Removed from formulary (drug list)	
Cefotaxime Sodium 2 GM RECON SOLN	Removed from formulary (drug list)	
Doxycycline Hyclate 50 MG CAP	Moved to higher tier - Tier 3	Doxycycline Monohydrate 50 mg, 100 mg capsule
Doxycycline Hyclate 100 MG CAP	Moved to higher tier - Tier 3	Doxycycline Monohydrate 50 mg, 100 mg capsule
Morgidox 100 MG CAP	Moved to higher tier - Tier 3	Doxycycline Monohydrate 50 mg, 100 mg capsule
Doxycycline Hyclate 20 MG TAB	Moved to higher tier - Tier 3	Doxycycline Monohydrate 50 mg, 100 mg capsule
Doxycycline Hyclate 100 MG TAB	Moved to higher tier - Tier 3	Doxycycline Monohydrate 50 mg, 100 mg capsule
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
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	

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Drug Name	Description of Change	Alternative
Paromomycin Sulfate 250 MG CAP	Removed from formulary (drug list)	Metronidazole 250 mg, 500 mg tablet
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
Nystatin 500000 UNIT TAB	Moved to higher tier - Tier 3	Fluconazole 50 mg, 100 mg, 150 mg, 200 mg tablet
Ketoconazole 200 MG TAB	Moved to higher tier - Tier 3	Fluconazole 50 mg, 100 mg, 150 mg, 200 mg tablet
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)	
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	

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Drug Name	Description of Change	Alternative
Livtencity 200 MG TAB	Added to formulary - Tier 5	
ValGANciclovir HCl 50 MG/ML RECON SOLN	Removed from formulary (drug list)	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
Epclusa 200-50 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Sofosbuvir-Velpatasvir 400-100 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 400-100 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 150-37.5 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 200-50 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Vosevi 400-100-100 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Lagevrio 200 MG CAP	Removed from formulary (drug list)	Paxlovid (300/100) 20 x 150 mg & 10 x 100 mg, (150/100) 10 x 150 mg & 10 x 100 mg tablet

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Drug Name	Description of Change	Alternative
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	
Chloroquine Phosphate 250 MG TAB	Moved to higher tier - Tier 3	
Chloroquine Phosphate 500 MG TAB	Moved to higher tier - Tier 3	
Hydroxychloroquine Sulfate 100 MG TAB	Moved to higher tier - Tier 3	
Hydroxychloroquine Sulfate 200 MG TAB	Moved to higher tier - Tier 3	
Hydroxychloroquine Sulfate 300 MG TAB	Moved to higher tier - Tier 3	
Hydroxychloroquine Sulfate 400 MG TAB	Moved to higher tier - Tier 3	
Pyrimethamine 25 MG TAB	Moved to lower tier - Tier 4	
Benznidazole 12.5 MG TAB	Removed from formulary (drug list)	
Benznidazole 100 MG TAB	Removed from formulary (drug list)	
Stromectol 3 MG TAB	Removed quantity limit	
Tinidazole 250 MG TAB	Added to formulary - Tier 4	
Tinidazole 500 MG TAB	Added to formulary - Tier 4	
Ertapenem Sodium 1 GM RECON SOLN	Moved to lower tier - Tier 3	
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)	
DAPTOmycin 350 MG RECON SOLN	Moved to lower tier - Tier 4	
DAPTOmycin 350 MG RECON SOLN	Moved to lower tier - Tier 4	
DAPTOmycin 500 MG RECON SOLN	Moved to lower tier - Tier 4	
Vancomycin HCl 5 GM RECON SOLN	Added to formulary - Tier 4	
Dengvaxia RECON SUSP	Moved to higher tier - Tier 4	

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Drug Name	Description of Change	Alternative
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
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
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
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
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
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
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

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Drug Name	Description of Change	Alternative
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	
Gleostine 100 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)	
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)	

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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
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

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Drug Name	Description of Change	Alternative
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
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)	
Lyza 0.35 MG TAB	Moved to lower tier - Tier 3	
Deblitane 0.35 MG TAB	Moved to lower tier - Tier 3	
Sharobel 0.35 MG TAB	Moved to lower tier - Tier 3	
Jencycla 0.35 MG TAB	Moved to lower tier - Tier 3	
Norlyroc 0.35 MG TAB	Moved to lower tier - Tier 3	
Norlyda 0.35 MG TAB	Moved to lower tier - Tier 3	
Tulana 0.35 MG TAB	Moved to lower tier - Tier 3	
Incassia 0.35 MG TAB	Moved to lower tier - Tier 3	
Emzahh 0.35 MG TAB	Added to formulary - Tier 3	
Lyleq 0.35 MG TAB	Moved to lower tier - Tier 3	

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Drug Name	Description of Change	Alternative
Norethindrone 0.35 MG TAB	Moved to lower tier - Tier 3	
Camila 0.35 MG TAB	Moved to lower tier - Tier 3	
Nora-BE 0.35 MG TAB	Moved to lower tier - Tier 3	
Errin 0.35 MG TAB	Moved to lower tier - Tier 3	
Heather 0.35 MG TAB	Moved to lower tier - 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	
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	Added to formulary - Tier 3	
Xulane 150-35 MCG/24HR PATCH WK	Added to formulary - Tier 3	
Zafemy 150-35 MCG/24HR PATCH WK	Added to formulary - 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 4	
Levonorgest-Eth Estradiol-Iron 0.1-20 MG-MCG(21) TAB	Added to formulary - Tier 4	

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Drug Name	Description of Change	Alternative
Tri-Previfem 0.18/0.215/0.25 MG-35 MCG TAB	Moved to lower tier - Tier 3	
Tri-Estarylla 0.18/0.215/0.25 MG-35 MCG TAB	Moved to lower tier - Tier 3	
Tri-Linyah 0.18/0.215/0.25 MG-35 MCG TAB	Moved to lower tier - Tier 3	
Tri-Mili 0.18/0.215/0.25 MG-35 MCG TAB	Moved to lower tier - Tier 3	
Tri Femynor 0.18/0.215/0.25 MG-35 MCG TAB	Moved to lower tier - Tier 3	
Tri-VyLibra 0.18/0.215/0.25 MG-35 MCG TAB	Moved to lower tier - Tier 3	
Tri-Nymyo 0.18/0.215/0.25 MG-35 MCG TAB	Moved to lower tier - Tier 3	
Norgestim-Eth Estrad Triphasic 0.18/0.215/0.25 MG-35 MCG TAB	Moved to lower tier - Tier 3	
Tri-Sprintec 0.18/0.215/0.25 MG-35 MCG TAB	Moved to lower tier - Tier 3	
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	Updated quantity limit	
Byetta 10 MCG Pen 10 MCG/0.04ML SOLN PEN	Updated quantity limit	
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

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Drug Name	Description of Change	Alternative
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
Nateglinide 60 MG TAB	Moved to lower tier - Tier 3	
Nateglinide 120 MG TAB	Moved to lower tier - Tier 3	
Risedronate Sodium 150 MG TAB	Removed from formulary (drug list)	Alendronate Sodium 10 mg, 35 mg, 70 mg tablet
Natpara 25 MCG CARTRIDGE	Removed from formulary (drug list)	
Natpara 50 MCG CARTRIDGE	Removed from formulary (drug list)	
Natpara 75 MCG CARTRIDGE	Removed from formulary (drug list)	
Natpara 100 MCG CARTRIDGE	Removed from formulary (drug list)	
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

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Drug Name	Description of Change	Alternative
Genotropin MiniQuick 1 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.2 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.4 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.6 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.8 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 2 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Somatuline Depot 60 MG/0.2ML SOLUTION	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
Somatuline Depot 90 MG/0.3ML SOLUTION	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
Lanreotide Acetate 120 MG/0.5ML SOLUTION	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
SandoSTATIN LAR Depot 10 MG KIT	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution

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Drug Name	Description of Change	Alternative
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
Cortrophin 80 UNIT/ML GEL	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	
Cinacalcet HCl 90 MG TAB	Moved to lower tier - Tier 4	
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)	

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Drug Name	Description of Change	Alternative
Crysvida 30 MG/ML SOLUTION	Removed from formulary (drug list)	
Sorine 240 MG TAB	Removed from formulary (drug list)	Sorine 80 mg, 120 mg, 160 mg tablet
diltIAZem HCl ER 120 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Dilt-XR 120 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
diltIAZem HCl ER 180 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Dilt-XR 180 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
diltIAZem HCl ER 240 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Dilt-XR 240 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
DiltIAZem HCl ER Beads 120 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet

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Drug Name	Description of Change	Alternative
Tiadyt ER 120 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Taztia XT 120 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Diltiazem HCl ER Beads 180 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Tiadyt ER 180 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Taztia XT 180 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Diltiazem HCl ER Beads 240 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Tiadyt ER 240 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Taztia XT 240 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet

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Drug Name	Description of Change	Alternative
diltiazem HCl ER Coated Beads 120 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Cartia XT 120 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
diltiazem HCl ER Coated Beads 180 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Cartia XT 180 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
diltiazem HCl ER Coated Beads 240 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Cartia XT 240 MG CAP ER 24H	Moved to higher tier - Tier 3	Diltiazem Hcl 30 mg, 60 mg, 90 mg, 120 mg tablet; Verapamil Hcl 40 mg, 80 mg, 120 mg tablet
Nifedipine ER Osmotic Release 30 MG TAB ER 24H	Moved to higher tier - Tier 3	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet
Nifedipine ER Osmotic Release 60 MG TAB ER 24H	Moved to higher tier - Tier 3	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet
Nifedipine ER Osmotic Release 90 MG TAB ER 24H	Moved to higher tier - Tier 3	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet

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Drug Name	Description of Change	Alternative
Nymalize 6 MG/ML SOLUTION	Removed from formulary (drug list)	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet
Verapamil HCl ER 120 MG CAP ER 24H	Moved to lower tier - Tier 3	
Verapamil HCl ER 180 MG CAP ER 24H	Moved to lower tier - Tier 3	
Verapamil HCl ER 240 MG CAP ER 24H	Moved to lower tier - Tier 3	
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
Captopril 12.5 MG TAB	Moved to higher tier - Tier 3	Enalapril Maleate 2.5 mg, 5 mg, 10 mg, 20 mg tablet; Perindopril Erbumine 2 mg, 4 mg, 8 mg tablet; Quinapril Hcl 5 mg, 10 mg, 20 mg, 40 mg tablet
Captopril 25 MG TAB	Moved to higher tier - Tier 3	Enalapril Maleate 2.5 mg, 5 mg, 10 mg, 20 mg tablet; Perindopril Erbumine 2 mg, 4 mg, 8 mg tablet; Quinapril Hcl 5 mg, 10 mg, 20 mg, 40 mg tablet

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Drug Name	Description of Change	Alternative
Captopril 50 MG TAB	Moved to higher tier - Tier 3	Enalapril Maleate 2.5 mg, 5 mg, 10 mg, 20 mg tablet; Perindopril Erbumine 2 mg, 4 mg, 8 mg tablet; Quinapril Hcl 5 mg, 10 mg, 20 mg, 40 mg tablet
Captopril 100 MG TAB	Moved to higher tier - Tier 3	Enalapril Maleate 2.5 mg, 5 mg, 10 mg, 20 mg tablet; Perindopril Erbumine 2 mg, 4 mg, 8 mg tablet; Quinapril Hcl 5 mg, 10 mg, 20 mg, 40 mg tablet
Candesartan Cilexetil 4 MG TAB	Moved to lower tier - Tier 3	
Candesartan Cilexetil 8 MG TAB	Moved to lower tier - Tier 3	
Candesartan Cilexetil 16 MG TAB	Moved to lower tier - Tier 3	
Candesartan Cilexetil 32 MG TAB	Moved to lower tier - Tier 3	
Aliskiren Fumarate 150 MG TAB	Removed prior authorization	
Aliskiren Fumarate 300 MG TAB	Removed prior authorization	
CloNIDine HCl 0.1 MG TAB	Moved to higher tier - Tier 2	
CloNIDine HCl 0.2 MG TAB	Moved to higher tier - Tier 2	
CloNIDine HCl 0.3 MG TAB	Moved to higher tier - Tier 2	
Prazosin HCl 1 MG CAP	Moved to higher tier - Tier 3	Doxazosin Mesylate 1 mg, 2 mg, 4 mg, 8 mg tablet; Terazosin 1 mg, 2 mg, 5 mg, 10 mg capsule
Prazosin HCl 2 MG CAP	Moved to higher tier - Tier 3	Doxazosin Mesylate 1 mg, 2 mg, 4 mg, 8 mg tablet; Terazosin 1 mg, 2 mg, 5 mg, 10 mg capsule

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Prazosin HCl 5 MG CAP	Moved to higher tier - Tier 3	Doxazosin Mesylate 1 mg, 2 mg, 4 mg, 8 mg tablet; Terazosin 1 mg, 2 mg, 5 mg, 10 mg capsule
Candesartan Cilexetil-HCTZ 16-12.5 MG TAB	Moved to lower tier - Tier 3	
Candesartan Cilexetil-HCTZ 32-12.5 MG TAB	Moved to lower tier - Tier 3	
Candesartan Cilexetil-HCTZ 32-25 MG TAB	Moved to lower tier - Tier 3	
Olmesartan Medoxomil-HCTZ 20-12.5 MG TAB	Moved to lower tier - Tier 3	
Olmesartan Medoxomil-HCTZ 40-12.5 MG TAB	Moved to lower tier - Tier 3	
Olmesartan Medoxomil-HCTZ 40-25 MG TAB	Moved to lower tier - Tier 3	
Bumetanide 0.5 MG TAB	Moved to higher tier - Tier 3	Furosemide 20 mg, 40 mg, 80 mg tablet
Bumetanide 1 MG TAB	Moved to higher tier - Tier 3	Furosemide 20 mg, 40 mg, 80 mg tablet
Bumetanide 2 MG TAB	Moved to higher tier - Tier 3	Furosemide 20 mg, 40 mg, 80 mg tablet
Triamterene-HCTZ 37.5-25 MG TAB	Moved to higher tier - Tier 2	
Triamterene-HCTZ 75-50 MG TAB	Moved to higher tier - Tier 2	
Colesevelam HCl 625 MG TAB	Removed from formulary (drug list)	Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Colesevelam HCl 3.75 GM PACKET	Removed from formulary (drug list)	Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Rosuvastatin Calcium 5 MG TAB	Moved to lower tier - Tier 2	
Rosuvastatin Calcium 10 MG TAB	Moved to lower tier - Tier 2	
Rosuvastatin Calcium 20 MG TAB	Moved to lower tier - Tier 2	
Rosuvastatin Calcium 40 MG TAB	Moved to lower tier - Tier 2	

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Drug Name	Description of Change	Alternative
Sildenafil Citrate 10 MG/ML RECON SUSP	Removed from formulary (drug list)	Sildenafil Citrate 20 mg tablet
Tracleer 32 MG TAB SOL	Removed from formulary (drug list)	Ambrisentan 5 mg, 10 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	
Azelastine HCl 0.1 % SOLUTION	Moved to lower tier - Tier 3	
Azelastine HCl 137 MCG/SPRAY SOLUTION	Moved to lower tier - Tier 3	
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
Stiolto Respimat 2.5-2.5 MCG/ACT AERO SOLN	Added to formulary - Tier 3	
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	

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Drug Name	Description of Change	Alternative
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
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
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)	
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
Ondansetron 4 MG TAB DISP	Moved to lower tier - Tier 2	
Ondansetron 8 MG TAB DISP	Moved to lower tier - Tier 2	
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

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Drug Name	Description of Change	Alternative
Zenpep 10000-32000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 15000-47000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 20000-63000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 25000-79000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 40000-126000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 60000-189600 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
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
Zymfentra (2 Pen) 120 MG/ML AUT-IJ KIT	Updated quantity limit	
Vowst CAP	Added to formulary - Tier 5	
Gattex 5 MG KIT	Removed from formulary (drug list)	Omnitrope 5.8 mg recon solution; 10 mg/1.5 ml, 5 mg/1.5 ml solution cartridge
Relistor 8 MG/0.4ML SOLUTION	Removed from formulary (drug list)	Movantik 12.5 mg/25 mg tablet
Relistor 12 MG/0.6ML SOLUTION	Removed from formulary (drug list)	Movantik 12.5 mg/25 mg tablet

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Drug Name	Description of Change	Alternative
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.	
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.	

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Drug Name	Description of Change	Alternative
Fosrenol 1000 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Lanthanum Carbonate 1000 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 750 MG PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 1000 MG PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer Carbonate 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Renvela 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer Carbonate 0.8 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Renvela 0.8 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
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.	

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Drug Name	Description of Change	Alternative
Sevelamer HCl 400 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer HCl 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Renagel 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Velphoro 500 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Oxybutynin Chloride ER 5 MG TAB ER 24H	Moved to higher tier - Tier 3	Oxybutynin Chloride 5 mg tablet
Oxybutynin Chloride ER 10 MG TAB ER 24H	Moved to higher tier - Tier 3	Oxybutynin Chloride 5 mg tablet
Oxybutynin Chloride ER 15 MG TAB ER 24H	Moved to higher tier - Tier 3	Oxybutynin Chloride 5 mg tablet
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
Dutasteride 0.5 MG CAP	Moved to lower tier - Tier 3	
ALPRAZolam 0.25 MG TAB	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet; Diazepam 2 mg, 5 mg, 10 mg tablet; Lorazepam 0.5 mg, 1 mg, 2 mg tablet
ALPRAZolam 0.5 MG TAB	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet; Diazepam 2 mg, 5 mg, 10 mg

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Drug Name	Description of Change	Alternative
		tablet; Lorazepam 0.5 mg, 1 mg, 2 mg tablet
ALPRAZolam 1 MG TAB	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet; Diazepam 2 mg, 5 mg, 10 mg tablet; Lorazepam 0.5 mg, 1 mg, 2 mg tablet
ALPRAZolam 2 MG TAB	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet; Diazepam 2 mg, 5 mg, 10 mg tablet; Lorazepam 0.5 mg, 1 mg, 2 mg tablet
DiazePAM Intensol 5 MG/ML CONC	Moved to higher tier - Tier 3	Diazepam 2 mg, 5 mg, 10 mg tablet
DiazePAM 5 MG/ML CONC	Moved to higher tier - Tier 3	Diazepam 2 mg, 5 mg, 10 mg tablet
DiazePAM 5 MG/5ML SOLUTION	Moved to higher tier - Tier 4	Diazepam 2 mg, 5 mg, 10 mg tablet
HydrOXYzine HCl 10 MG TAB	Moved to lower tier - Tier 3	
HydrOXYzine HCl 25 MG TAB	Moved to lower tier - Tier 3	
HydrOXYzine HCl 50 MG TAB	Moved to lower tier - Tier 3	
HydrOXYzine Pamoate 25 MG CAP	Added to formulary - Tier 3	
HydrOXYzine Pamoate 50 MG CAP	Added to formulary - Tier 3	
HydrOXYzine Pamoate 100 MG CAP	Added to formulary - Tier 3	
Meprobamate 200 MG TAB	Removed from formulary (drug list)	Buspirone 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg tablet
Meprobamate 400 MG TAB	Removed from formulary (drug list)	Buspirone 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg tablet
Viibryd Starter Pack 10 & 20 MG KIT	Removed from formulary (drug list)	
Escitalopram Oxalate 5 MG TAB	Moved to higher tier - Tier 2	Sertraline hcl 25 mg, 50 mg, 100 mg tablet

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Drug Name	Description of Change	Alternative
Escitalopram Oxalate 10 MG TAB	Moved to higher tier - Tier 2	Sertraline hcl 25 mg, 50 mg, 100 mg tablet
Escitalopram Oxalate 20 MG TAB	Moved to higher tier - Tier 2	Sertraline hcl 25 mg, 50 mg, 100 mg tablet
FLUoxetine HCl 20 MG/5ML SOLUTION	Moved to higher tier - Tier 3	Fluoxetine 10 mg, 20 mg, 40 mg capsule
DULoxetine HCl 20 MG CP DR PART	Moved to lower tier - Tier 3	
DULoxetine HCl 30 MG CP DR PART	Moved to lower tier - Tier 3	
DULoxetine HCl 60 MG CP DR PART	Moved to lower tier - Tier 3	
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)	
BuPROPion HCl ER (XL) 150 MG TAB ER 24H	Moved to higher tier - Tier 3	Bupropion 75 mg, 100 mg tablet; Bupropion SR 100 mg, 150 mg, 200 mg tablet
buPROPion HCl ER (XL) 300 MG TAB ER 24H	Moved to higher tier - Tier 3	Bupropion 75 mg, 100 mg tablet; Bupropion SR 100 mg, 150 mg, 200 mg tablet
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	
Rexulti 0.25 MG TAB	Moved to lower tier - Tier 4	
Rexulti 0.5 MG TAB	Moved to lower tier - Tier 4	
Rexulti 1 MG TAB	Moved to lower tier - Tier 4	
Rexulti 2 MG TAB	Moved to lower tier - Tier 4	
Rexulti 3 MG TAB	Moved to lower tier - Tier 4	

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Drug Name	Description of Change	Alternative
Rexulti 4 MG TAB	Moved to lower tier - Tier 4	
Vraylar 1.5 MG CAP	Moved to lower tier - Tier 4	
Vraylar 3 MG CAP	Moved to lower tier - Tier 4	
Vraylar 4.5 MG CAP	Moved to lower tier - Tier 4	
Vraylar 6 MG CAP	Moved to lower tier - Tier 4	
Nuplazid 34 MG CAP	Moved to lower tier - Tier 4	
Nuplazid 10 MG TAB	Moved to lower tier - Tier 4	
Zenzedi 5 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Zenzedi 10 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Zenzedi 15 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Dextroamphetamine Sulfate 15 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Zenzedi 20 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Dextroamphetamine Sulfate 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
Zenzedi 30 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Ergoloid Mesylates 1 MG TAB	Added to formulary - Tier 3	

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Drug Name	Description of Change	Alternative
Galantamine Hydrobromide 4 MG TAB	Moved to lower tier - Tier 3	
Galantamine Hydrobromide 8 MG TAB	Moved to lower tier - Tier 3	
Galantamine Hydrobromide 12 MG TAB	Moved to lower tier - Tier 3	
Rivastigmine Tartrate 1.5 MG CAP	Moved to higher tier - Tier 4	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Rivastigmine Tartrate 3 MG CAP	Moved to higher tier - Tier 4	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Rivastigmine Tartrate 4.5 MG CAP	Moved to higher tier - Tier 4	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Rivastigmine Tartrate 6 MG CAP	Moved to higher tier - Tier 4	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Tetrabenazine 12.5 MG TAB	Moved to lower tier - Tier 4	
Tetrabenazine 25 MG TAB	Moved to lower tier - Tier 4	
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	Removed from formulary (drug list)	

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Drug Name	Description of Change	Alternative
Plegridy Starter Pack 63 & 94 MCG/0.5ML SOLN PEN	Removed from formulary (drug list)	
Plegridy 125 MCG/0.5ML SOLN PRSYR	Removed from formulary (drug list)	
Plegridy 125 MCG/0.5ML SOLN PRSYR	Removed from formulary (drug list)	
Plegridy Starter Pack 63 & 94 MCG/0.5ML SOLN PRSYR	Removed from formulary (drug list)	
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
FentaNYL 12 MCG/HR PATCH 72HR	Moved to higher tier - Tier 4	Oxycodone 5 mg, 10 mg, 15 mg, 30 mg tablet
FentaNYL 25 MCG/HR PATCH 72HR	Moved to higher tier - Tier 4	Oxycodone 5 mg, 10 mg, 15 mg, 30 mg tablet
FentaNYL 50 MCG/HR PATCH 72HR	Moved to higher tier - Tier 4	Oxycodone 5 mg, 10 mg, 15 mg, 30 mg tablet
FentaNYL 75 MCG/HR PATCH 72HR	Moved to higher tier - Tier 4	Oxycodone 5 mg, 10 mg, 15 mg, 30 mg tablet
FentaNYL 100 MCG/HR PATCH 72HR	Moved to higher tier - Tier 4	Oxycodone 5 mg, 10 mg, 15 mg, 30 mg tablet
HYDRomorphone HCl 1 MG/ML LIQUID	Removed from formulary (drug list)	Hydromorphone Hcl 2 mg, 4 mg, 8 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
OxyCODONE HCl 5 MG/5ML SOLUTION	Moved to higher tier - Tier 4	Oxycodone 5 mg, 10 mg, 15 mg, 30 mg tablet
oxyCODONE-Acetaminophen 5-325 MG/5ML SOLUTION	Removed from formulary (drug list)	Oxycodone-Acetaminophen 5-325 mg tablet

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Cataflam 50 MG TAB	Moved to higher tier - Tier 3	Diclofenac Sodium DR 50 mg, 75 mg tablet, Ibuprofen 400 mg, 600 mg, 800 mg tablet; Meloxicam 5 mg, 7.5 mg tablet, Nabumetone 500 mg, 750 mg tablet, Naproxen 250 mg, 375 mg, 500 mg tablet, Sulindac 150 mg, 200 mg tablet
Diclofenac Potassium 50 MG TAB	Moved to higher tier - Tier 3	Diclofenac Sodium DR 50 mg, 75 mg tablet, Ibuprofen 400 mg, 600 mg, 800 mg tablet; Meloxicam 5 mg, 7.5 mg tablet, Nabumetone 500 mg, 750 mg tablet, Naproxen 250 mg, 375 mg, 500 mg tablet, Sulindac 150 mg, 200 mg tablet
Diclofenac Sodium 25 MG TAB DR	Moved to higher tier - Tier 3	
Flurbiprofen 50 MG TAB	Moved to higher tier - Tier 3	Diclofenac Sodium DR 50 mg, 75 mg tablet, Ibuprofen 400 mg, 600 mg, 800 mg tablet; Meloxicam 5 mg, 7.5 mg tablet, Nabumetone 500 mg, 750 mg tablet, Naproxen 250 mg, 375 mg, 500 mg tablet, Sulindac 150 mg, 200 mg tablet
Flurbiprofen 100 MG TAB	Moved to higher tier - Tier 3	Diclofenac Sodium DR 50 mg, 75 mg tablet, Ibuprofen 400 mg, 600 mg, 800 mg tablet; Meloxicam 5 mg, 7.5 mg tablet, Nabumetone 500 mg, 750 mg tablet, Naproxen 250 mg, 375 mg, 500 mg tablet, Sulindac 150 mg, 200 mg tablet

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Ibuprofen 100 MG/5ML SUSPENSION	Added to formulary - Tier 2	
Indomethacin 25 MG CAP	Moved to higher tier - Tier 3	Diclofenac Sodium DR 50 mg, 75 mg tablet, Ibuprofen 400 mg, 600 mg, 800 mg tablet; Meloxicam 5 mg, 7.5 mg tablet, Nabumetone 500 mg, 750 mg tablet, Naproxen 250 mg, 375 mg, 500 mg tablet, Sulindac 150 mg, 200 mg tablet
Indomethacin 50 MG CAP	Moved to higher tier - Tier 3	Diclofenac Sodium DR 50 mg, 75 mg tablet, Ibuprofen 400 mg, 600 mg, 800 mg tablet; Meloxicam 5 mg, 7.5 mg tablet, Nabumetone 500 mg, 750 mg tablet, Naproxen 250 mg, 375 mg, 500 mg tablet, Sulindac 150 mg, 200 mg tablet
Meloxicam 7.5 MG TAB	Moved to lower tier - Tier 1	
Meloxicam 15 MG TAB	Moved to lower tier - Tier 1	
Humira (2 Pen) 40 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira-Ps/UV/Adol HS Starter 40 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
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

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Drug Name	Description of Change	Alternative
Humira (2 Pen) 40 MG/0.4ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pen 80 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pen-CD/UC/HS Starter 80 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira-Ped \geq 40kg UC Starter 80 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pen-Psor/Uveit Starter 80 MG/0.8ML & 40MG/0.4ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira 10 MG/0.1ML PEF 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 PEF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution

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Drug Name	Description of Change	Alternative
Humira (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	
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
Valtoco 5 MG Dose 5 MG/0.1ML LIQUID	Moved to lower tier - Tier 4	
Valtoco 10 MG Dose 10 MG/0.1ML LIQUID	Moved to lower tier - Tier 4	
Valtoco 20 MG Dose 10 MG/0.1ML LIQD THPK	Moved to lower tier - Tier 4	

Effective 1/1/2025

Drug Name	Description of Change	Alternative
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
Phenytoin 50 MG CHEW TAB	Moved to higher tier - Tier 3	Phenytoin 100 mg/4ml, 125 mg/5 ml suspension
Phenytoin Infatabs 50 MG CHEW TAB	Moved to higher tier - Tier 3	Phenytoin 100 mg/4ml, 125 mg/5 ml suspension
Divalproex Sodium 125 MG CAP DR	Moved to higher tier - Tier 3	Divalproex Sodium DR 125 mg tablet
Fycompa 4 MG TAB	Moved to lower tier - Tier 4	
Fycompa 6 MG TAB	Moved to lower tier - Tier 4	
Fycompa 8 MG TAB	Moved to lower tier - Tier 4	
Fycompa 10 MG TAB	Moved to lower tier - Tier 4	
Fycompa 12 MG TAB	Moved to lower tier - Tier 4	
Briviact 10 MG TAB	Moved to lower tier - Tier 4	
Briviact 25 MG TAB	Moved to lower tier - Tier 4	
Briviact 50 MG TAB	Moved to lower tier - Tier 4	
Briviact 75 MG TAB	Moved to lower tier - Tier 4	
Briviact 100 MG TAB	Moved to lower tier - Tier 4	
Briviact 10 MG/ML SOLUTION	Moved to lower tier - Tier 4	
Aptiom 200 MG TAB	Moved to lower tier - Tier 4	
Aptiom 400 MG TAB	Moved to lower tier - Tier 4	
Aptiom 600 MG TAB	Moved to lower tier - Tier 4	
Aptiom 800 MG TAB	Moved to lower tier - Tier 4	

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Gabapentin 250 MG/5ML SOLUTION	Moved to higher tier - Tier 4	Gabapentin 100 mg, 300 mg, 400 mg capsule
Gabapentin 300 MG/6ML SOLUTION	Moved to higher tier - Tier 4	Gabapentin 100 mg, 300 mg, 400 mg capsule
OXcarbazepine 150 MG TAB	Moved to higher tier - Tier 3	Divalproex Sodium DR 125 mg, 250 mg, 500 mg tablet; Gabapentin 100 mg, 300 mg, 400 mg capsule; Lamotrigine 25 mg, 100 mg, 150 mg, 200 mg tablet; Primidone 50 mg, 250 mg tablet; Topiramate 25 mg, 50 mg, 100 mg, 200 mg tablet
OXcarbazepine 300 MG TAB	Moved to higher tier - Tier 3	Divalproex Sodium DR 125 mg, 250 mg, 500 mg tablet; Gabapentin 100 mg, 300 mg, 400 mg capsule; Lamotrigine 25 mg, 100 mg, 150 mg, 200 mg tablet; Primidone 50 mg, 250 mg tablet; Topiramate 25 mg, 50 mg, 100 mg, 200 mg tablet
OXcarbazepine 600 MG TAB	Moved to higher tier - Tier 3	Divalproex Sodium DR 125 mg, 250 mg, 500 mg tablet; Gabapentin 100 mg, 300 mg, 400 mg capsule; Lamotrigine 25 mg, 100 mg, 150 mg, 200 mg tablet; Primidone 50 mg, 250 mg tablet; Topiramate 25 mg, 50 mg, 100 mg, 200 mg tablet
Trihexyphenidyl HCl 2 MG TAB	Moved to higher tier - Tier 3	Benztropine Mesylate 0.5 mg, 1 mg, 2 mg tablet
Trihexyphenidyl HCl 5 MG TAB	Moved to higher tier - Tier 3	Benztropine Mesylate 0.5 mg, 1 mg, 2 mg tablet

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Apomorphine HCl 30 MG/3ML SOLN CART	Removed from formulary (drug list)	Entacapone 200 mg tablet; Rasagiline Mesylate 0.5 mg, 1 mg tablet
Neupro 1 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 2 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 3 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 4 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 6 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 8 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Guanidine HCl 125 MG TAB	Removed from formulary (drug list)	Drug discontinued
Taron-Prex 30-1.2-265 MG CAP	Removed from formulary (drug list)	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
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)	
Fondaparinux Sodium 5 MG/0.4ML SOLUTION	Moved to lower tier - Tier 4	
Fondaparinux Sodium 7.5 MG/0.6ML SOLUTION	Moved to lower tier - Tier 4	
Fondaparinux Sodium 10 MG/0.8ML SOLUTION	Moved to lower tier - Tier 4	
Dabigatran Etexilate Mesylate 75 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

Effective 1/1/2025

Drug Name	Description of Change	Alternative
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
Dabigatran Etexilate Mesylate 150 MG CAP	Removed from formulary (drug list)	Xarelto 2.5 mg, 10 mg, 15 mg, 20 mg tablet; Eliquis 2.5 mg, 5 mg tablet
Xdemvy 0.25 % SOLUTION	Added to formulary - Tier 5	
Betaxolol HCl 0.5 % SOLUTION	Moved to higher tier - Tier 3	Carteolol 1%; Levobunolol 0.5%; Timolol 0.25%, 0.5% ophthalmic solution
Brimonidine Tartrate-Timolol 0.2-0.5 % SOLUTION	Removed from formulary (drug list)	
Phospholine Iodide 0.125 % RECON SOLN	Removed from formulary (drug list)	Pilocarpine HCl 1 %, 2 %, 4% solution
Olopatadine HCl 0.1 % SOLUTION	Removed from formulary (drug list)	
Olopatadine HCl 0.2 % 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
Myorisan 30 MG CAP	Removed from formulary (drug list)	Isotretinoin 30 MG capsule
Accutane 30 MG CAP	Removed from formulary (drug list)	Isotretinoin 30 MG capsule
Avita 0.025 % CREAM	Removed from formulary (drug list)	Tretinoin 0.025 % cream
Tretinoin 0.01 % 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	
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

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Nystatin 100000 UNIT/GM POWDER	Removed from formulary (drug list)	Nystatin 100000 unit/gm cream
Klayesta 100000 UNIT/GM POWDER	Removed from formulary (drug list)	Nystatin 100000 unit/gm cream
Vectical 3 MCG/GM OINTMENT	Added quantity limit	
Calcitriol 3 MCG/GM OINTMENT	Added quantity limit	
Tazarotene 0.05 % GEL	Added to formulary - Tier 4	
Tazarotene 0.1 % GEL	Added to formulary - Tier 4	
Taltz 80 MG/ML SOLN A-INJ	Removed from formulary (drug list)	Cosentyx 75 mg/0.5 ml, 150 mg/ml prefilled syringe solution
Taltz 80 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Cosentyx 75 mg/0.5 ml, 150 mg/ml prefilled syringe solution
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
Fluticasone Propionate 0.005 % OINTMENT	Moved to higher tier - Tier 3	Triamcinolone Acetonide 0.1 % cream; 0.1 % ointment

Effective 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 0.1 % LOTION	Moved to higher tier - Tier 3	Triamcinolone Acetonide 0.1 % cream; 0.1 % ointment
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	
Mycophenolate Mofetil 200 MG/ML RECON SUSP	Moved to lower tier - Tier 4	
Lokelma 5 GM PACKET	Added to formulary - Tier 3	
Lokelma 10 GM PACKET	Added to formulary - Tier 3	
Veltassa 8.4 GM PACKET	Removed from formulary (drug list)	Lokelma 5 gm, 10 gm packet
Veltassa 16.8 GM PACKET	Removed from formulary (drug list)	Lokelma 5 gm, 10 gm packet
Veltassa 25.2 GM PACKET	Removed from formulary (drug list)	Lokelma 5 gm, 10 gm packet
Diclofenac Sodium 1.5 % SOLUTION	Added to formulary - Tier 3	

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