



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.

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

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Drug Name	Description of Change	Alternative
Acebutolol Hcl 200 Mg Cap	Moved to higher tier - Tier 3	atenolol, carvedilol, metoprolol tartrate
Acebutolol Hcl 400 Mg Cap	Moved to higher tier - Tier 3	atenolol, carvedilol, metoprolol tartrate
Acetazolamide 125 Mg Tab	Moved to higher tier - Tier 3	furosemide 20 mg tab furosemide 40 mg tab furosemide 80 mg tab hydrochlorothiazide 12.5 mg cap hydrochlorothiazide 12.5 mg tab hydrochlorothiazide 25 mg tab hydrochlorothiazide 50 mg tab
Acetazolamide 250 Mg Tab	Moved to higher tier - Tier 3	furosemide 20 mg tab furosemide 40 mg tab furosemide 80 mg tab hydrochlorothiazide 12.5 mg cap hydrochlorothiazide 12.5 mg tab hydrochlorothiazide 25 mg tab hydrochlorothiazide 50 mg tab
Acetylcysteine 10 % Solution	Moved to higher tier - Tier 4	
Acetylcysteine 20 % Solution	Moved to higher tier - Tier 4	

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Drug Name	Description of Change	Alternative
Adefovir Dipivoxil 10 Mg Tab	Moved to lower tier - Tier 4	
Advair Diskus 100-50 Mcg/Act Aer Pow Ba	Removed from formulary (drug list)	fluticasone propionate / salmeterol 100-50mg fluticasone propionate / salmeterol 250-50mg fluticasone propionate / salmeterol 500-50mg
Advair Diskus 250-50 Mcg/Act Aer Pow Ba	Removed from formulary (drug list)	fluticasone propionate / salmeterol 100-50mg fluticasone propionate / salmeterol 250-50mg fluticasone propionate / salmeterol 500-50mg
Advair Diskus 500-50 Mcg/Act Aer Pow Ba	Removed from formulary (drug list)	fluticasone propionate / salmeterol 100-50mg fluticasone propionate / salmeterol 250-50mg fluticasone propionate / salmeterol 500-50mg
Albendazole 200 Mg Tab	Moved to lower tier - Tier 4	
Alosetron Hcl 0.5 Mg Tab	Moved to lower tier - Tier 4	
Alosetron Hcl 1 Mg Tab	Moved to lower tier - Tier 4	
Alyq 20 Mg Tab	Removed from formulary (drug list)	sildenafil tablet
Amiloride Hcl 5 Mg Tab	Moved to lower tier - Tier 2	
Amiloride-Hydrochlorothiazide 5-50 Mg Tab	Moved to lower tier - Tier 2	

Drug Name	Description of Change	Alternative
Anagrelide Hcl 1 Mg Cap	Moved to lower tier - Tier 3	
Aralast Np 1000 Mg Recon Soln	Removed from formulary (drug list)	
Aralast Np 500 Mg Recon Soln	Removed from formulary (drug list)	
Aranesp (Albumin Free) 10 Mcg/0.4ml Soln Prsyr	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 100 Mcg/0.5ml Soln Prsyr	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 100 Mcg/ml Solution	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Aranesp (Albumin Free) 150 Mcg/0.3MI Soln Prsyr	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 200 Mcg/0.4MI Soln Prsyr	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 200 Mcg/MI Solution	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 25 Mcg/0.42MI Soln Prsyr	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution

Drug Name	Description of Change	Alternative
Aranesp (Albumin Free) 25 Mcg/MI Solution	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 300 Mcg/0.6MI Soln Prsyr	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 300 Mcg/MI Solution	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 40 Mcg/0.4MI Soln Prsyr	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution

Drug Name	Description of Change	Alternative
Aranesp (Albumin Free) 40 Mcg/MI Solution	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 500 Mcg/MI Soln Prsyr	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 60 Mcg/0.3MI Soln Prsyr	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 60 Mcg/MI Solution	Removed from formulary (drug list)	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution

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Drug Name	Description of Change	Alternative
Aripiprazole 10 Mg Tab Disp	Moved to lower tier - Tier 4	
Aripiprazole 15 Mg Tab Disp	Moved to lower tier - Tier 4	
Atovaquone 750 Mg/5Ml Suspension	Moved to lower tier - Tier 4	
Auryxia 1 Gm 210 Mg(Fe) Tab	Removed from formulary (drug list)	calcium acetate 667mg capsule
Azithromycin 1 Gm Packet	Moved to lower tier - Tier 3	
Bacitra-Neomycin-Polymyxin-Hc 1 % Ointment	Moved to higher tier - Tier 3	
Berinert 500 Unit Kit	Removed from formulary (drug list)	icatibant 30mg/3ml
Betaxolol Hcl 0.5 % Solution	Moved to lower tier - Tier 2	
Bisoprolol-Hydrochlorothiazide 10-6.25 Mg Tab	Moved to higher tier - Tier 2	
Bisoprolol-Hydrochlorothiazide 2.5-6.25 Mg Tab	Moved to higher tier - Tier 2	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Bisoprolol-Hydrochlorothiazide 5-6.25 Mg Tab	Moved to higher tier - Tier 2	
Bivigam 10 Gm/100MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Bivigam 5 Gm/50MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Brinzolamide 1 % Suspension	Removed from formulary (drug list)	dorzolamide 2% solution
Bromocriptine Mesylate 5 Mg Cap	Added to Tier 4	
Budesonide-Formoterol Fumarate 160-4.5 Mcg/Act Aerosol	Added to Tier 3	
Budesonide-Formoterol Fumarate 80-4.5 Mcg/Act Aerosol	Added to Tier 3	
Buprenorphine Hcl 2 Mg Sl Tab	Updated quantity limit	
Buprenorphine Hcl 8 Mg Sl Tab	Updated quantity limit	

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Drug Name	Description of Change	Alternative
Bylvay 1200 Mcg Cap	Updated quantity limit	
Bylvay 400 Mcg Cap	Updated quantity limit	
Cabergoline 0.5 Mg Tab	Removed quantity limit	
Cablivi 11 Mg Kit	Removed from formulary (drug list)	
Calcium Acetate (Phos Binder) 667 Mg Tab	Moved to higher tier - Tier 3	
Carimune Nf 12 Gm Recon Soln	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Carimune Nf 6 Gm Recon Soln	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Cefadroxil 1 Gm Tab	Removed from formulary (drug list)	cefadroxil 500mg
Cefadroxil 500 Mg Cap	Moved to lower tier - Tier 4	
Cephalexin 125 Mg/5Ml Recon Susp	Moved to higher tier - Tier 3	cephalexin 250mg or 500mg capsule
Cephalexin 250 Mg/5Ml Recon Susp	Moved to higher tier - Tier 3	cephalexin 250mg or 500mg capsule
Cerdelga 84 Mg Cap	Removed from formulary (drug list)	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Chlordiazepoxide Hcl 10 Mg Cap	Removed from formulary (drug list)	
Chlordiazepoxide Hcl 25 Mg Cap	Removed from formulary (drug list)	
Chlordiazepoxide Hcl 5 Mg Cap	Removed from formulary (drug list)	
Ciloxan 0.3 % Ointment	Removed from formulary (drug list)	
Cimetidine 800 Mg Tab	Added to Tier 4	
Cinryze 500 Unit Recon Soln	Removed from formulary (drug list)	haegarda
Clozapine 200 Mg Tab Disp	Moved to higher tier - Tier 5	
Colchicine 0.6 Mg Cap	Removed from formulary (drug list)	colchicine 0.6mg tablets
Colestipol Hcl 1 Gm Tab	Moved to lower tier - Tier 3	
Deferiprone 1000 Mg Tab	Removed from formulary (drug list)	
Deferiprone 500 Mg Tab	Removed from formulary (drug list)	
Depo-Subq Provera 104 104 Mg/0.65MI Susp Prsyr	Added to Tier 4	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Dexmethylphenidate Hcl 10 Mg Tab	Moved to lower tier - Tier 3	
Dexmethylphenidate Hcl 2.5 Mg Tab	Moved to lower tier - Tier 3	
Dexmethylphenidate Hcl 5 Mg Tab	Moved to lower tier - Tier 3	
Diazepam 5 Mg/5MI Solution	Moved to lower tier - Tier 2	
Diazoxide 50 Mg/MI Suspension	Moved to higher tier - Tier 5	
Diclofenac Sodium 1 % Gel	Moved to lower tier - Tier 3	
Divalproex Sodium Er 250 Mg Tab Er 24H	Moved to lower tier - Tier 3	
Divalproex Sodium Er 500 Mg Tab Er 24H	Moved to lower tier - Tier 3	
Dupixent 100 Mg/0.67MI Soln Prsyr	Added to Tier 5 with prior authorization	
Dupixent 200 Mg/1.14MI Soln Pen	Added to Tier 5 with prior authorization	
Dupixent 200 Mg/1.14MI Soln Prsyr	Added to Tier 5 with prior authorization	
Dupixent 300 Mg/2MI Soln Pen	Added to Tier 5 with prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Dupixent 300 Mg/2MI Soln Prsyr	Added to Tier 5 with prior authorization	
Ec-Naproxen 375 Mg Tab Dr	Moved to lower tier - Tier 2	
Egrifta 1 Mg Recon Soln	Removed from formulary (drug list)	
Egrifta Sv 2 Mg Recon Soln	Removed from formulary (drug list)	
Emtricitabine-Tenofovir Df 200-300 Mg Tab	Moved to lower tier - Tier 4	
Enbrel 25 Mg Recon Soln	Added quantity limit	
Enbrel 25 Mg/0.5MI Soln Prsyr	Added quantity limit	
Enbrel 25 Mg/0.5MI Solution	Added quantity limit	
Enbrel 50 Mg/MI Soln Prsyr	Added quantity limit	
Enbrel Sureclick 50 Mg/MI Soln A-Inj	Added quantity limit	
Endari 5 Gm Packet	Added to Tier 5 with prior authorization	
Envarsus Xr 0.75 Mg Tab Er 24H	Added to Tier 4 with prior authorization	

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Drug Name	Description of Change	Alternative
Envarsus Xr 1 Mg Tab Er 24H	Added to Tier 4 with prior authorization	
Envarsus Xr 4 Mg Tab Er 24H	Added to Tier 4 with prior authorization	
Estazolam 1 Mg Tab	Removed from formulary (drug list)	zolpidem 5mg and 10mg tablet
Estazolam 2 Mg Tab	Removed from formulary (drug list)	zolpidem 5mg and 10mg tablet
Etodolac 400 Mg Tab	Removed from formulary (drug list)	meloxicam 15 mg tab meloxicam 7.5 mg tab nabumetone 500 mg tab nabumetone 750 mg tab diclofenac sodium er 100 mg tab er 24h diclofenac sodium 25 mg tab dr diclofenac sodium 50 mg tab dr diclofenac sodium 75 mg tab dr diclofenac potassium 50 mg tab

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Etodolac 500 Mg Tab	Removed from formulary (drug list)	meloxicam 15 mg tab meloxicam 7.5 mg tab nabumetone 500 mg tab nabumetone 750 mg tab diclofenac sodium er 100 mg tab er 24h diclofenac sodium 25 mg tab dr diclofenac sodium 50 mg tab dr diclofenac sodium 75 mg tab dr diclofenac potassium 50 mg tab
Etravirine 100 Mg Tab	Moved to higher tier - Tier 5	
Etravirine 200 Mg Tab	Moved to higher tier - Tier 5	
Fabrazyme 35 Mg Recon Soln	Removed from formulary (drug list)	
Fentanyl Citrate 100 Mcg Tab	Removed from formulary (drug list)	fentanyl lozenge
Fentanyl Citrate 200 Mcg Tab	Removed from formulary (drug list)	fentanyl lozenge
Fentanyl Citrate 400 Mcg Tab	Removed from formulary (drug list)	fentanyl lozenge
Fentanyl Citrate 600 Mcg Tab	Removed from formulary (drug list)	fentanyl lozenge
Fentanyl Citrate 800 Mcg Tab	Removed from formulary (drug list)	fentanyl lozenge

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Ferroprox 100 Mg/MI Solution	Removed from formulary (drug list)	
Firdapse 10 Mg Tab	Removed from formulary (drug list)	
Flebogamma Dif 0.5 Gm/10MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Flebogamma Dif 10 Gm/100MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Flebogamma Dif 10 Gm/200MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Flebogamma Dif 2.5 Gm/50MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Flebogamma Dif 20 Gm/200MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Flebogamma Dif 20 Gm/400MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Flebogamma Dif 5 Gm/100MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Flebogamma Dif 5 Gm/50MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Flovent Diskus 100 Mcg/Act Aer Pow Ba	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Diskus 250 Mcg/Act Aer Pow Ba	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Diskus 50 Mcg/Act Aer Pow Ba	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Hfa 110 Mcg/Act Aerosol	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Hfa 220 Mcg/Act Aerosol	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Hfa 44 Mcg/Act Aerosol	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Fluconazole 40 Mg/MI Recon Susp	Moved to lower tier - Tier 3	
Fluorometholone 0.1% Suspension	Moved to lower tier - Tier 3	

Drug Name	Description of Change	Alternative
Fosamprenavir Calcium 700 Mg Tab	Moved to lower tier - Tier 4	
Fosfomycin Tromethamine 3 Gm Packet	Removed from formulary (drug list)	
Fosinopril Sodium 10 Mg Tab	Moved to higher tier - Tier 2	benazepril hcl 10 mg tab benazepril hcl 20 mg tab benazepril hcl 40 mg tab benazepril hcl 5 mg tab lisinopril 10 mg tab lisinopril 2.5 mg tab lisinopril 20 mg tab lisinopril 30 mg tab lisinopril 40 mg tab lisinopril 5 mg tab ramipril 1.25 mg cap ramipril 10 mg cap ramipril 2.5 mg cap ramipril 5 mg cap

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Fosinopril Sodium 20 Mg Tab	Moved to higher tier - Tier 2	benazepril hcl 10 mg tab benazepril hcl 20 mg tab benazepril hcl 40 mg tab benazepril hcl 5 mg tab lisinopril 10 mg tab lisinopril 2.5 mg tab lisinopril 20 mg tab lisinopril 30 mg tab lisinopril 40 mg tab lisinopril 5 mg tab ramipril 1.25 mg cap ramipril 10 mg cap ramipril 2.5 mg cap ramipril 5 mg cap

Drug Name	Description of Change	Alternative
Fosinopril Sodium 40 Mg Tab	Moved to higher tier - Tier 2	benazepril hcl 10 mg tab benazepril hcl 20 mg tab benazepril hcl 40 mg tab benazepril hcl 5 mg tab lisinopril 10 mg tab lisinopril 2.5 mg tab lisinopril 20 mg tab lisinopril 30 mg tab lisinopril 40 mg tab lisinopril 5 mg tab ramipril 1.25 mg cap ramipril 10 mg cap ramipril 2.5 mg cap ramipril 5 mg cap
Gammaked 1 Gm/10MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Gammaked 10 Gm/100MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Gammaked 20 Gm/200MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Gammaked 5 Gm/50MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Gammaplex 10 Gm/100MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Gammaplex 10 Gm/200MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Gammaplex 20 Gm/200MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Gammaplex 20 Gm/400MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Gammaplex 5 Gm/100MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Gammaplex 5 Gm/50MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Genotropin 12 Mg Cartridge	Added to Tier 5 with prior authorization	
Genotropin 5 Mg Cartridge	Added to Tier 5 with prior authorization	

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Drug Name	Description of Change	Alternative
Genotropin Miniquick 0.2 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 0.4 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 0.6 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 0.8 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1.2 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1.4 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1.6 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1.8 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 2 Mg Prsy	Added to Tier 5 with prior authorization	
Gentamicin Sulfate 0.1 % Cream	Moved to higher tier - Tier 4	gentamicin sulfate 0.1 % ointment
Glipizide Er 10 Mg Tab Er 24H	Moved to higher tier - Tier 2	glipizide immediate release tablet

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Glipizide Er 2.5 Mg Tab Er 24H	Moved to higher tier - Tier 2	glipizide immediate release tablet
Glipizide Er 5 Mg Tab Er 24H	Moved to higher tier - Tier 2	glipizide immediate release tablet
Glucagen Hypokit 1 Mg Recon Soln	Removed from formulary (drug list)	glucagon kit
Halobetasol Propionate 0.05 % Ointment	Moved to lower tier - Tier 3	
Hemady 20 Mg Tab	Removed from formulary (drug list)	dexamethasone tablets
Humalog 100 Unit/MI Solution	Removed from formulary (drug list)	humalog kwikpen insulin lispro vials
Humira 10 Mg/0.1MI Pref Sy Kt	Added quantity limit	
Humira 10 Mg/0.2MI Pref Sy Kt	Added quantity limit	
Humira 20 Mg/0.2MI Pref Sy Kt	Added quantity limit	
Humira 20 Mg/0.4MI Pref Sy Kt	Added quantity limit	
Humira 40 Mg/0.4MI Pref Sy Kt	Added quantity limit	
Humira 40 Mg/0.8MI Pref Sy Kt	Added quantity limit	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Humira Pediatric Crohns Start 40 Mg/0.8MI Pref Sy Kt	Added quantity limit	
Humira Pediatric Crohns Start 80 Mg/0.8MI & 40Mg/0.4MI Pref Sy Kt	Added quantity limit	
Humira Pediatric Crohns Start 80 Mg/0.8MI Pref Sy Kt	Added quantity limit	
Humira Pen 40 Mg/0.4MI Pen Kit	Added quantity limit	
Humira Pen 40 Mg/0.8MI Pen Kit	Added quantity limit	
Humira Pen 80 Mg/0.8MI Pen Kit	Added quantity limit	
Humira Pen-Cd/Uc/Hs Starter 40 Mg/0.8MI Pen Kit	Added quantity limit	
Humira Pen-Cd/Uc/Hs Starter 80 Mg/0.8MI Pen Kit	Added quantity limit	
Humira Pen-Pediatric Uc Start 80 Mg/0.8MI Pen Kit	Added quantity limit	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Humira Pen-Ps/Uv/Adol Hs Start 40 Mg/0.8MI Pen Kit	Added quantity limit	
Humira Pen-Psor/Uveit Starter 80 Mg/0.8MI & 40Mg/0.4MI Pen Kit	Added quantity limit	
Humulin R U-500 (Concentrated) 500 Unit/MI Solution	Added BvD prior authorization	
Isoniazid 50 Mg/5MI Syrup	Moved to higher tier - Tier 4	isoniazid 100mg and 300mg tablets
Itraconazole 100 Mg Cap	Removed prior authorization	
Jantoven 1 Mg Tab	Moved to higher tier - Tier 2	
Jantoven 10 Mg Tab	Moved to higher tier - Tier 2	
Jantoven 2 Mg Tab	Moved to higher tier - Tier 2	
Jantoven 2.5 Mg Tab	Moved to higher tier - Tier 2	
Jantoven 3 Mg Tab	Moved to higher tier - Tier 2	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Jantoven 4 Mg Tab	Moved to higher tier - Tier 2	
Jantoven 5 Mg Tab	Moved to higher tier - Tier 2	
Jantoven 6 Mg Tab	Moved to higher tier - Tier 2	
Jantoven 7.5 Mg Tab	Moved to higher tier - Tier 2	
Juxtapid 10 Mg Cap	Removed from formulary (drug list)	repatha pushtonex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsy
Juxtapid 20 Mg Cap	Removed from formulary (drug list)	repatha pushtonex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsy
Juxtapid 30 Mg Cap	Removed from formulary (drug list)	repatha pushtonex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsy
Juxtapid 40 Mg Cap	Removed from formulary (drug list)	repatha pushtonex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsy

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Juxtapid 5 Mg Cap	Removed from formulary (drug list)	repatha pushtronex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsy
Juxtapid 60 Mg Cap	Removed from formulary (drug list)	repatha pushtronex system 420 mg/3.5ml soln cart repatha sureclick 140 mg/ml soln a-inj repatha 140 mg/ml soln prsy
Ketorolac Tromethamine 0.4 % Solution	Moved to higher tier - Tier 3	ketorolac tromethamine 0.5 % solution
Lidocaine Hcl 4 % Solution	Removed from formulary (drug list)	
Loteprednol Etabonate 0.5 % Suspension	Removed from formulary (drug list)	prednisolone sodium phosphate 1 % solution
Lupron Depot-Ped (1-Month) 11.25 Mg Kit	Removed from formulary (drug list)	lupron depot (1-month) 3.75 mg kit lupron depot (1-month) 7.5 mg kit lupron depot (3-month) 11.25 mg kit lupron depot (3-month) 22.5 mg kit lupron depot (4-month) 30 mg kit lupron depot (6-month) 45 mg kit

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

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Lyumjev 100 Unit/MI Solution	Removed from formulary (drug list)	humalog kwikpen insulin lispro vials
Lyumjev Kwikpen 100 Unit/MI Soln Pen	Removed from formulary (drug list)	humalog kwikpen insulin lispro vials
Lyumjev Kwikpen 200 Unit/MI Soln Pen	Removed from formulary (drug list)	humalog kwikpen insulin lispro vials
Miconazole 3 200 Mg Suppos	Moved to lower tier - Tier 3	
Minocycline Hcl 100 Mg Tab	Removed from formulary (drug list)	minocycline hcl 100 mg cap minocycline hcl 50 mg cap minocycline hcl 75 mg cap
Minocycline Hcl 50 Mg Tab	Removed from formulary (drug list)	minocycline hcl 100 mg cap minocycline hcl 50 mg cap minocycline hcl 75 mg cap
Minocycline Hcl 75 Mg Tab	Removed from formulary (drug list)	minocycline hcl 100 mg cap minocycline hcl 50 mg cap minocycline hcl 75 mg cap
Moxifloxacin Hcl 400 Mg/250MI Solution	Added to Tier 4 with prior authorization	
Moxifloxacin Hcl In Nacl 400 Mg/250MI Solution	Added to Tier 4 with prior authorization	
Multaq 400 Mg Tab	Removed from formulary (drug list)	amiodarone

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Naproxen 375 Mg Tab Dr	Moved to lower tier - Tier 3	
Neo-Polycin Hc 1 % Ointment	Moved to higher tier - Tier 3	
Nicardipine Hcl 20 Mg Cap	Removed from formulary (drug list)	amlodipine 5mg or 10mg tablets
Nicardipine Hcl 30 Mg Cap	Removed from formulary (drug list)	
Nitrofurantoin Macrocrystal 25 Mg Cap	Removed from formulary (drug list)	nitrofurantoin macrocrystal 50mg capsule nitrofurantoin macrocrystal 100mg capsule
Nityr 10 Mg Tab	Removed from formulary (drug list)	nitisinone 2mg, 5mg, and 10mg capsules
Nityr 2 Mg Tab	Removed from formulary (drug list)	nitisinone 2mg, 5mg, and 10mg capsules
Nityr 5 Mg Tab	Removed from formulary (drug list)	nitisinone 2mg, 5mg, and 10mg capsules

Drug Name	Description of Change	Alternative
Norditropin Flexpro 10 Mg/1.5MI Soln Pen	Removed from formulary (drug list)	genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge
Norditropin Flexpro 15 Mg/1.5MI Soln Pen	Removed from formulary (drug list)	genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge

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

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Nurtec 75 Mg Tab Disp	Added to Tier 5 with prior authorization	
Octreotide Acetate 1000 Mcg/MI Solution	Moved to lower tier - Tier 4	
Octreotide Acetate 500 Mcg/MI Solution	Moved to lower tier - Tier 4	
Olopatadine Hcl 0.1 % Solution	Added to Tier 3	
Olopatadine Hcl 0.2 % Solution	Added to Tier 3	
Orbactiv 400 Mg Recon Soln	Removed from formulary (drug list)	
Oxybutynin Chloride 5 Mg/5MI Solution	Removed from formulary (drug list)	oxybutynin tablets
Oxybutynin Chloride 5 Mg/5MI Syrup	Removed from formulary (drug list)	oxybutynin tablets
Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/1.5MI Soln Pen	Added prior authorization	
Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/3MI Soln Pen	Added prior authorization	
Ozempic (1 Mg/Dose) 2 Mg/1.5MI Soln Pen	Added prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Ozempic (1 Mg/Dose) 4 Mg/3MI Soln Pen	Added prior authorization	
Ozempic (2 Mg/Dose) 8 Mg/3MI Soln Pen	Added prior authorization	
Pravastatin Sodium 10 Mg Tab	Moved to higher tier - Tier 2	simvastatin atorvastatin
Pravastatin Sodium 20 Mg Tab	Moved to higher tier - Tier 2	simvastatin atorvastatin
Pravastatin Sodium 40 Mg Tab	Moved to higher tier - Tier 2	simvastatin atorvastatin
Pravastatin Sodium 80 Mg Tab	Moved to higher tier - Tier 2	simvastatin atorvastatin
Prednicarbate 0.1 % Cream	Removed from formulary (drug list)	triamcinolone mometasone
Prednicarbate 0.1 % Ointment	Removed from formulary (drug list)	triamcinolone mometasone
Privigen 10 Gm/100MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Privigen 20 Gm/200MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Privigen 40 Gm/400MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Privigen 5 Gm/50MI Solution	Removed from formulary (drug list)	gamunex-c, gammagard, hizentra
Procysbi 300 Mg Packet	Removed from formulary (drug list)	cystagon 50mg or 150mg capsule
Procysbi 75 Mg Packet	Removed from formulary (drug list)	cystagon 50mg or 150mg capsule
Promethazine Hcl 25 Mg/MI Solution	Removed from formulary (drug list)	
Promethazine Hcl 50 Mg/MI Solution	Removed from formulary (drug list)	
Pyridostigmine Bromide 60 Mg Tab	Moved to higher tier - Tier 3	
Ravicti 1.1 Gm/MI Liquid	Removed from formulary (drug list)	sodium phenylbutyrate 500mg tablet
Retacrit 40000 Unit/MI Solution	Moved to lower tier - Tier 4	
Rinvoq 45 Mg Tab Er 24H	Updated quantity limit	
Risedronate Sodium 35 Mg Tab	Removed from formulary (drug list)	alendronate
Risedronate Sodium 5 Mg Tab	Removed from formulary (drug list)	alendronate
Risperdal Consta 12.5 Mg Srer	Added BvD prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Risperdal Consta 25 Mg Srer	Added BvD prior authorization	
Risperdal Consta 37.5 Mg Srer	Added BvD prior authorization	
Risperdal Consta 50 Mg Srer	Added BvD prior authorization	
Rosuvastatin Calcium 10 Mg Tab	Moved to higher tier - Tier 4	simvastatin atorvastatin
Rosuvastatin Calcium 20 Mg Tab	Moved to higher tier - Tier 4	simvastatin atorvastatin
Rosuvastatin Calcium 40 Mg Tab	Moved to higher tier - Tier 4	simvastatin atorvastatin
Rosuvastatin Calcium 5 Mg Tab	Moved to higher tier - Tier 4	simvastatin atorvastatin
Ruconest 2100 Unit Recon Soln	Removed from formulary (drug list)	haegarda, icatibant
Ruzurgi 10 Mg Tab	Removed from formulary (drug list)	
Rybelsus 14 Mg Tab	Added prior authorization	
Rybelsus 3 Mg Tab	Added prior authorization	
Rybelsus 7 Mg Tab	Added prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Scopolamine 1 Mg/3Days Patch 72Hr	Removed prior authorization	
Silodosin 4 Mg Cap	Moved to higher tier - Tier 3	tamsulosin alfuzosin
Silodosin 8 Mg Cap	Moved to higher tier - Tier 3	tamsulosin alfuzosin
Sirolimus 2 Mg Tab	Moved to lower tier - Tier 4	
Sirturo 100 Mg Tab	Removed quantity limit	
Sirturo 20 Mg Tab	Removed quantity limit	
Skyrizi (150 Mg Dose) 75 Mg/0.83MI Pref Sy Kt	Added quantity limit	
Skyrizi 150 Mg/MI Soln Prsyr	Added quantity limit	
Skyrizi 180 Mg/1.2MI Soln Cart	Added quantity limit	
Skyrizi 360 Mg/2.4MI Soln Cart	Added quantity limit	
Skyrizi 600 Mg/10MI Solution	Added quantity limit	
Skyrizi Pen 150 Mg/MI Soln A-Inj	Added quantity limit	
Stelara 130 Mg/26MI Solution	Added quantity limit	

Drug Name	Description of Change	Alternative
Stelara 45 Mg/0.5MI Soln Prsyr	Added quantity limit	
Stelara 45 Mg/0.5MI Solution	Added quantity limit	
Stelara 90 Mg/MI Soln Prsyr	Added quantity limit	
Symbicort 160-4.5 Mcg/Act Aerosol	Removed from formulary (drug list)	budesonide-formoterol fumarate 80-4.5 mcg/act aerosol budesonide-formoterol fumarate 160-4.5 mcg/act aerosol
Symbicort 80-4.5 Mcg/Act Aerosol	Removed from formulary (drug list)	budesonide-formoterol fumarate 80-4.5 mcg/act aerosol budesonide-formoterol fumarate 160-4.5 mcg/act aerosol
Tadalafil (Pah) 20 Mg Tab	Removed from formulary (drug list)	sildenafil tablet
Teriparatide (Recombinant) 620 Mcg/2.48MI Soln Pen	Added to Tier 5 with prior authorization	
Thiola Ec 100 Mg Tab Dr	Removed from formulary (drug list)	penicillamine 250mg tablet
Thiola Ec 300 Mg Tab Dr	Removed from formulary (drug list)	penicillamine 250mg tablet
Tobi Podhaler 28 Mg Cap	Removed from formulary (drug list)	tobramycin 300 mg/5ml nebu soln

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Topiramate 15 Mg Cap Sprink	Moved to higher tier - Tier 3	topiramate 100 mg tab topiramate 200 mg tab topiramate 25 mg tab topiramate 50 mg tab
Topiramate 25 Mg Cap Sprink	Moved to higher tier - Tier 3	topiramate 100 mg tab topiramate 200 mg tab topiramate 25 mg tab topiramate 50 mg tab
Trazodone Hcl 300 Mg Tab	Removed from formulary (drug list)	trazodone 150mg
Trelstar Mixject 11.25 Mg Recon Susp	Moved to lower tier - Tier 4	
Trelstar Mixject 22.5 Mg Recon Susp	Moved to lower tier - Tier 4	
Trelstar Mixject 3.75 Mg Recon Susp	Moved to lower tier - Tier 4	
Trulicity 0.75 Mg/0.5MI Soln Pen	Added prior authorization	
Trulicity 1.5 Mg/0.5MI Soln Pen	Added prior authorization	
Trulicity 3 Mg/0.5MI Soln Pen	Added prior authorization	
Trulicity 4.5 Mg/0.5MI Soln Pen	Added prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Truseltiq (100Mg Daily Dose) 100 Mg Cap Thpk	Removed from formulary (drug list)	
Truseltiq (125Mg Daily Dose) 100 & 25 Mg Cap Thpk	Removed from formulary (drug list)	
Truseltiq (50Mg Daily Dose) 25 Mg Cap Thpk	Removed from formulary (drug list)	
Truseltiq (75Mg Daily Dose) 25 Mg Cap Thpk	Removed from formulary (drug list)	
Valtoco 15 Mg Dose 7.5 Mg/0.1MI Liqd Thpk	Moved to lower tier - Tier 4	
Varizig 125 Unit/1.2MI Solution	Removed from formulary (drug list)	
Venlafaxine Hcl 100 Mg Tab	Moved to higher tier - Tier 3	
Venlafaxine Hcl 25 Mg Tab	Moved to higher tier - Tier 3	
Venlafaxine Hcl 37.5 Mg Tab	Moved to higher tier - Tier 3	
Venlafaxine Hcl 50 Mg Tab	Moved to higher tier - Tier 3	
Venlafaxine Hcl 75 Mg Tab	Moved to higher tier - Tier 3	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Verquvo 10 Mg Tab	Added to Tier 4 with prior authorization	
Verquvo 2.5 Mg Tab	Added to Tier 4 with prior authorization	
Verquvo 5 Mg Tab	Added to Tier 4 with prior authorization	
Victoza 18 Mg/3MI Soln Pen	Added prior authorization	
Voriconazole 200 Mg Recon Soln	Moved to lower tier - Tier 4	
Voriconazole 40 Mg/MI Recon Susp	Moved to lower tier - Tier 4	
Vyndamax 61 Mg Cap	Removed from formulary (drug list)	
Vyndaqel 20 Mg Cap	Removed from formulary (drug list)	
Warfarin Sodium 1 Mg Tab	Moved to higher tier - Tier 2	
Warfarin Sodium 10 Mg Tab	Moved to higher tier - Tier 2	
Warfarin Sodium 2 Mg Tab	Moved to higher tier - Tier 2	
Warfarin Sodium 2.5 Mg Tab	Moved to higher tier - Tier 2	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Warfarin Sodium 3 Mg Tab	Moved to higher tier - Tier 2	
Warfarin Sodium 4 Mg Tab	Moved to higher tier - Tier 2	
Warfarin Sodium 5 Mg Tab	Moved to higher tier - Tier 2	
Warfarin Sodium 6 Mg Tab	Moved to higher tier - Tier 2	
Warfarin Sodium 7.5 Mg Tab	Moved to higher tier - Tier 2	
Xifaxan 200 Mg Tab	Moved to lower tier - Tier 4	
Xolair 150 Mg Recon Soln	Added quantity limit	
Xolair 150 Mg/MI Soln Prsyr	Added quantity limit	
Xolair 75 Mg/0.5MI Soln Prsyr	Added quantity limit	

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