



Blue Shield Advantage Optimum (HMO) and Blue Shield Advantage Optimum Plan 1 (HMO)

Formulary Updates:

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

Abbreviation Key:

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

Blue Shield of California

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

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--------------------------------------|
| Nafcillin Sodium 10 GM RECON SOLN | Moved to lower tier - Tier 4 | |
| Bicillin C-R 1200000 UNIT/2ML SUSPENSION | Added to formulary - Tier 4 | |
| Bicillin C-R 900/300 900000-300000 UNIT/2ML SUSPENSION | Added to formulary - Tier 4 | |
| Amoxicillin-Pot Clavulanate ER 1000-62.5 MG TAB ER 12H | Added to formulary - Tier 4 | |
| Cefaclor 125 MG/5ML RECON SUSP | Removed from formulary (drug list) | Cefaclor 250 mg, 500 mg capsule |
| Cefaclor 375 MG/5ML RECON SUSP | Removed from formulary (drug list) | Cefaclor 250 mg, 500 mg capsule |
| Cefotaxime Sodium 1 GM RECON SOLN | Removed from formulary (drug list) | |
| Cefepime HCl 1 GM/50ML SOLUTION | Added to formulary - Tier 4 | |
| Cefepime HCl 2 GM/100ML SOLUTION | Added to formulary - Tier 4 | |
| Erythromycin Ethylsuccinate 200 MG/5ML RECON SUSP | Added to formulary - Tier 4 | |
| Erythromycin Ethylsuccinate 400 MG/5ML RECON SUSP | Added to formulary - Tier 4 | |
| Clarithromycin ER 500 MG TAB ER 24H | Moved to higher tier - Tier 4 | Clarithromycin 250 mg, 500 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|------------------------------------|------------------------------------|---|
| Doxycycline Monohydrate 50 MG TAB | Moved to higher tier - Tier 3 | Doxycycline Hyclate 50 mg, 100 mg capsule |
| Doxycycline Monohydrate 75 MG TAB | Moved to higher tier - Tier 3 | Doxycycline Hyclate 50 mg, 100 mg capsule |
| Avidoxy 100 MG TAB | Moved to higher tier - Tier 3 | Doxycycline Hyclate 50 mg, 100 mg capsule |
| Doxycycline Monohydrate 100 MG TAB | Moved to higher tier - Tier 3 | Doxycycline Hyclate 50 mg, 100 mg capsule |
| Ciprofloxacin HCl 100 MG TAB | Removed from formulary (drug list) | Ciprofloxacin HCl 250 mg, 500 mg tablet |
| Moxifloxacin HCl 400 MG TAB | Moved to lower tier - Tier 3 | |
| Ofloxacin 300 MG TAB | Removed from formulary (drug list) | Levofloxacin 250 mg, 500 mg tab, 750 mg tablet; Ciprofloxacin 250mg and 50mg tablet |
| Ofloxacin 400 MG TAB | Removed from formulary (drug list) | Levofloxacin 250 mg, 500 mg tab, 750 mg tablet; Ciprofloxacin 250mg and 50mg tablet |
| Arikayce 590 MG/8.4ML SUSPENSION | Added to formulary - Tier 5 | |
| Paromomycin Sulfate 250 MG CAP | Removed from formulary (drug list) | Metronidazole 250 mg, 500 mg tablet |
| Tobi Podhaler 28 MG CAP | Removed from formulary (drug list) | Tobramycin 300 mg/5 ml, 300 mg/ 4 ml nebulizer solution |
| Paser 4 GM PACKET | Removed from formulary (drug list) | |

Effective 1/1/2025

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

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|----------------------------------|
| 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) | |
| Abacavir Sulfate 300 MG TAB | Moved to higher tier - Tier 4 | |
| Didanosine 200 MG CAP DR | Removed from formulary (drug list) | |
| Didanosine 250 MG CAP DR | Removed from formulary (drug list) | |
| Didanosine 400 MG CAP DR | Removed from formulary (drug list) | |
| Triumeq PD 60-5-30 MG TAB SOL | Moved to lower tier - Tier 4 | |
| Livtencity 200 MG TAB | Added to formulary - Tier 5 | |
| ValGANciclovir HCl 50 MG/ML RECON SOLN | Moved to lower tier - Tier 4 | Valganciclovir Hcl 450 mg tablet |
| Vemlidy 25 MG TAB | Removed from formulary (drug list) | Entecavir 0.5 mg, 1 mg tablet |
| Pegasys ProClick 180 MCG/0.5ML SOLN A-INJ | Removed from formulary (drug list) | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---------------------------------------|------------------------------------|---|
| 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 |
| Famciclovir 125 MG TAB | Moved to lower tier - Tier 2 | |
| Famciclovir 250 MG TAB | Moved to lower tier - Tier 2 | |
| Famciclovir 500 MG TAB | Moved to lower tier - Tier 2 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| RiMANTAdine HCl 100 MG TAB | Moved to higher tier - Tier 4 | Oseltamivir Phosphate 30 mg, 45 mg, 75 mg capsule |
| Oseltamivir Phosphate 30 MG CAP | Moved to higher tier - Tier 3 | |
| Oseltamivir Phosphate 45 MG CAP | Moved to higher tier - Tier 3 | |
| Oseltamivir Phosphate 75 MG CAP | Moved to higher tier - Tier 3 | |
| Oseltamivir Phosphate 6 MG/ML RECON SUSP | Moved to lower tier - Tier 3 | |
| Lagevrio 200 MG CAP | Removed from formulary (drug list) | Paxlovid (300/100) 20 x 150 mg & 10 x 100 mg, (150/100) 10 x 150 mg & 10 x 100 mg tablet |
| Paxlovid (150/100) 10 x 150 MG & 10 x 100MG TAB THPK | Updated quantity limit | |
| Paxlovid (300/100) 20 x 150 MG & 10 x 100MG TAB THPK | Updated quantity limit | |
| Primaquine Phosphate 26.3 (15 Base) MG TAB | Moved to lower tier - Tier 2 | |
| Atovaquone-Proguanil HCl 62.5-25 MG TAB | Moved to lower tier - Tier 2 | |
| Atovaquone-Proguanil HCl 250-100 MG TAB | Moved to lower tier - Tier 2 | |
| Ivermectin 3 MG TAB | Moved to lower tier - Tier 2 | |
| Stromectol 3 MG TAB | Removed quantity limit | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Tinidazole 250 MG TAB | Added to formulary - Tier 4 | Metronidazole 250 mg, 500 mg tablet |
| Tinidazole 500 MG TAB | Added to formulary - Tier 4 | Metronidazole 250 mg, 500 mg tablet |
| Polymyxin B Sulfate 500000 UNIT RECON SOLN | Added to formulary - Tier 4 | |
| Ertapenem Sodium 1 GM RECON SOLN | Moved to lower tier - Tier 3 | |
| Meropenem-Sodium Chloride 500 MG/50ML RECON SOLN | Added to formulary - Tier 4 | |
| Meropenem-Sodium Chloride 1 GM/50ML RECON SOLN | Added to formulary - Tier 4 | |
| Lincomycin HCl 300 MG/ML SOLUTION | Added to formulary - Tier 4 | |
| Clindamycin Phosphate 300 MG/2ML SOLUTION | Removed from formulary (drug list) | Clindamycin 300mg capsule |
| Synercid 150-350 MG RECON SOLN | Removed from formulary (drug list) | |
| Vancomycin HCl 5 GM RECON SOLN | Added to formulary - Tier 4 | |
| Methenamine Hippurate 1 GM TAB | Moved to higher tier - Tier 4 | Sulfamethoxazole-Trimethoprim tablet; Nitrofurantoin Macrocrystal 50 mg, 100 mg capsule |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| Nitrofurantoin Macrocrystal 50 MG CAP | Moved to lower tier - Tier 2 | |
| Nitrofurantoin Macrocrystal 100 MG CAP | Moved to lower tier - Tier 2 | |
| Dengvaxia RECON SUSP | Moved to higher tier - Tier 4 | |
| Gardasil 9 SUSPENSION | Moved to lower tier - Tier 3 | |
| Gardasil 9 SUSP PRSYR | Moved to lower tier - Tier 3 | |
| Flebogamma DIF 0.5 GM/10ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Flebogamma DIF 2.5 GM/50ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammaplex 5 GM/100ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Flebogamma DIF 5 GM/100ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-------------------------------------|------------------------------------|--|
| Flebogamma DIF 10 GM/200ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammaplex 10 GM/200ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Flebogamma DIF 20 GM/400ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammaplex 20 GM/400ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Privigen 5 GM/50ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Flebogamma DIF 5 GM/50ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-------------------------------------|------------------------------------|--|
| Bivigam 5 GM/50ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammaplex 5 GM/50ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Privigen 10 GM/100ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Flebogamma DIF 10 GM/100ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Bivigam 10 GM/100ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammaplex 10 GM/100ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--|
| Flebogamma DIF 20 GM/200ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Privigen 20 GM/200ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammaplex 20 GM/200ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Privigen 40 GM/400ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammagard S/D Less IgA 5 GM RECON SOLN | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| 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 |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--------------------------------|------------------------------------|--|
| Gammagard 1 GM/10ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammaked 1 GM/10ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammagard 2.5 GM/25ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammaked 5 GM/50ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammagard 5 GM/50ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammaked 10 GM/100ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|----------------------------------|------------------------------------|--|
| 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 |
| Gammaked 20 GM/200ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammagard 20 GM/200ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Gammagard 30 GM/300ML SOLUTION | Removed from formulary (drug list) | Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution |
| Beyfortus 50 MG/0.5ML SOLN PRSYR | Removed from formulary (drug list) | |
| Beyfortus 100 MG/ML SOLN PRSYR | Removed from formulary (drug list) | |
| Gleostine 40 MG CAP | Moved to lower tier - Tier 4 | |
| Trexall 5 MG TAB | Added to formulary - Tier 4 | |
| Trexall 7.5 MG TAB | Added to formulary - Tier 4 | |
| Trexall 10 MG TAB | Added to formulary - Tier 4 | |
| Trexall 15 MG TAB | Added to formulary - Tier 4 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Methotrexate Sodium 50 MG/2ML SOLUTION | Moved to higher tier - Tier 3 | |
| Methotrexate Sodium (PF) 50 MG/2ML SOLUTION | Moved to higher tier - Tier 3 | |
| Methotrexate Sodium 250 MG/10ML SOLUTION | Moved to higher tier - Tier 3 | |
| Methotrexate Sodium (PF) 250 MG/10ML SOLUTION | Moved to higher tier - Tier 3 | |
| Methotrexate Sodium (PF) 1 GM/40ML SOLUTION | Moved to higher tier - Tier 3 | |
| Methotrexate Sodium 1000 MG/40ML SOLUTION | Moved to higher tier - Tier 3 | |
| Methotrexate Sodium 1 GM RECON SOLN | Moved to higher tier - Tier 3 | |
| Exkivity 40 MG CAP | Removed from formulary (drug list) | |
| Exemestane 25 MG TAB | Moved to higher tier - Tier 4 | Letrozole 2.5 mg tablet; Anastrozole 1mg tablet |
| 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) | |

Effective 1/1/2025

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

Effective 1/1/2025

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

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| dexAMETHasone Sodium Phosphate 20 MG/5ML SOLUTION | Removed from formulary (drug list) | Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension |
| Dexamethasone Sodium Phosphate 120 MG/30ML SOLUTION | Removed from formulary (drug list) | Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension |
| 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 |
| MethyIPREDNISolone Acetate 80 MG/ML SUSPENSION | Added to formulary - Tier 4 | |
| PredniSONE 5 MG (21) TAB THPK | Added to formulary - Tier 2 | |
| PredniSONE 5 MG (48) TAB THPK | Added to formulary - Tier 2 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|-------------|
| PredniSONE 10 MG (21) TAB THPK | Added to formulary - Tier 2 | |
| PredniSONE 10 MG (48) TAB THPK | Added to formulary - Tier 2 | |
| Testosterone 20.25 MG/1.25GM (1.62%) GEL | Added to formulary - Tier 4 | |
| Testosterone 40.5 MG/2.5GM (1.62%) GEL | Added to formulary - Tier 4 | |
| Testosterone 20.25 MG/ACT (1.62%) GEL | Added to formulary - Tier 4 | |
| Testosterone 1.62 % GEL | Added to formulary - Tier 4 | |
| Testosterone Cypionate 100 MG/ML SOLUTION | Moved to higher tier - Tier 3 | |
| Depo-Testosterone 100 MG/ML SOLUTION | Moved to higher tier - Tier 3 | |
| Testosterone Cypionate 200 MG/ML SOLUTION | Moved to higher tier - Tier 3 | |
| Depo-Testosterone 200 MG/ML SOLUTION | Moved to higher tier - Tier 3 | |
| Testosterone Cypionate 200 MG/ML SOLUTION | Moved to higher tier - Tier 3 | |
| 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) | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-----------------------------------|------------------------------------|---|
| Premarin 0.3 MG TAB | Moved to higher tier - Tier 4 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Premarin 0.45 MG TAB | Moved to higher tier - Tier 4 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Premarin 0.625 MG TAB | Moved to higher tier - Tier 4 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Premarin 0.9 MG TAB | Moved to higher tier - Tier 4 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Premarin 1.25 MG TAB | Moved to higher tier - Tier 4 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Estradiol 0.025 MG/24HR PATCH WK | Moved to higher tier - Tier 3 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Estradiol 0.0375 MG/24HR PATCH WK | Moved to higher tier - Tier 3 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Estradiol 0.05 MG/24HR PATCH WK | Moved to higher tier - Tier 3 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Estradiol 0.06 MG/24HR PATCH WK | Moved to higher tier - Tier 3 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Estradiol 0.075 MG/24HR PATCH WK | Moved to higher tier - Tier 3 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Estradiol 0.1 MG/24HR PATCH WK | Moved to higher tier - Tier 3 | Estradiol 0.5 mg, 1 mg, 2 mg tablet |
| Estradiol Valerate 10 MG/ML OIL | Added to formulary - Tier 4 | |
| Estradiol Valerate 20 MG/ML OIL | Added to formulary - Tier 4 | |
| Estradiol Valerate 40 MG/ML OIL | Added to formulary - Tier 4 | |
| Prempro 0.3-1.5 MG TAB | Removed from formulary (drug list) | Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet |
| Prempro 0.45-1.5 MG TAB | Removed from formulary (drug list) | Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet |
| Prempro 0.625-2.5 MG TAB | Removed from formulary (drug list) | Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet |
| Prempro 0.625-5 MG TAB | Removed from formulary (drug list) | Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Premphase 0.625-5 MG TAB | Removed from formulary (drug list) | Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet |
| Lyza 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Deblitane 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Sharobel 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Jencycla 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Norlyroc 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Norlyda 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Tulana 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Incassia 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Emzahh 0.35 MG TAB | Added to formulary - Tier 3 | |
| Lyleq 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Norethindrone 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Camila 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Nora-BE 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Errin 0.35 MG TAB | Moved to higher tier - Tier 3 | |
| Heather 0.35 MG TAB | Moved to higher 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 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| 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 | |
| Enskyce 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Juleber 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Emoquette 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Cyred 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Cyred EQ 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Isibloom 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Kalliga 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Desogestrel-Ethinyl Estradiol 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Apri 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Reclipsen 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Syeda 3-0.03 MG TAB | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Zarah 3-0.03 MG TAB | Moved to higher tier - Tier 3 | |
| Zumandimine 3-0.03 MG TAB | Moved to higher tier - Tier 3 | |
| Drospirenone-Ethinyl Estradiol 3-0.03 MG TAB | Moved to higher tier - Tier 3 | |
| Ocella 3-0.03 MG TAB | Moved to higher tier - Tier 3 | |
| Ethinodiol Diac-Eth Estradiol 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Zovia 1/35E (28) 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Zovia 1/35 (28) 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Kelnor 1/35 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Falmina 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Aubra 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Aubra EQ 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Orsythia 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Vienva 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Delyla 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Larissia 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Afirmelle 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Levonorgestrel-Ethinyl Estrad 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Aviane 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Lutera 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Lessina 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Sronyx 0.1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Altavera 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Marlissa 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Kurvelo 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Chateal 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Lillow 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Chateal EQ 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Ayuna 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Levonorgestrel-Ethinyl Estrad 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Levora 0.15/30 (28) 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Portia-28 0.15-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Briellyn 0.4-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Balziva 0.4-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Vyfemla 0.4-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Philith 0.4-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Alyacen 1/35 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Cyclafem 1/35 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Dasetta 1/35 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Pirmella 1/35 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Nylia 1/35 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Nortrel 1/35 (28) 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Nortrel 1/35 (21) 1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Norethindrone Acet-Ethinyl Est 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Junel 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Loestrin 1/20 (21) 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Microgestin 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Larin 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Aurovela 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Norethindrone Acet-Ethinyl Est 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Junel 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Loestrin 1.5/30 (21) 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Microgestin 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Larin 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Aurovela 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Hailey 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Elinest 0.3-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Turqoz 0.3-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Low-Ogestrel 0.3-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Cryselle-28 0.3-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Previfem 0.25-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Estarylla 0.25-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Mono-Linyah 0.25-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Mili 0.25-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Femynor 0.25-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| VyLibra 0.25-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Nymyo 0.25-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Norgestimate-Eth Estradiol 0.25-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Sprintec 28 0.25-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Joyeaux 0.1-20 MG-MCG(21) TAB | Added to formulary - Tier 3 | |
| Levonorgest-Eth Estradiol-Iron 0.1-20 MG-MCG(21) TAB | Added to formulary - Tier 3 | |
| Norethin-Eth Estradiol-Fe 0.4-35 MG-MCG CHEW TAB | Moved to higher tier - Tier 3 | |
| Wymzya Fe 0.4-35 MG-MCG CHEW TAB | Moved to higher tier - Tier 3 | |
| Norethin Ace-Eth Estrad-FE 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Junel FE 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Loestrin Fe 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Microgestin FE 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Larin Fe 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Tarina FE 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Tarina FE 1/20 EQ 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Blisovi FE 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Aurovela FE 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Hailey FE 1/20 1-20 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Norethin Ace-Eth Estrad-FE 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Junel FE 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Loestrin Fe 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Microgestin FE 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Larin Fe 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Blisovi Fe 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Aurovela Fe 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Hailey FE 1.5/30 1.5-30 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Azurette 0.15-0.02/0.01 MG (21/5) TAB | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Pimtrex 0.15-0.02/0.01 MG (21/5) TAB | Moved to higher tier - Tier 3 | |
| Viorele 0.15-0.02/0.01 MG (21/5) TAB | Moved to higher tier - Tier 3 | |
| Bekyree 0.15-0.02/0.01 MG (21/5) TAB | Moved to higher tier - Tier 3 | |
| Simliya 0.15-0.02/0.01 MG (21/5) TAB | Moved to higher tier - Tier 3 | |
| Volnea 0.15-0.02/0.01 MG (21/5) TAB | Moved to higher tier - Tier 3 | |
| Desogestrel-Ethinyl Estradiol 0.15-0.02/0.01 MG (21/5) TAB | Moved to higher tier - Tier 3 | |
| Kariva 0.15-0.02/0.01 MG (21/5) TAB | Moved to higher tier - Tier 3 | |
| Caziant 0.1/0.125/0.15 -0.025 MG TAB | Moved to higher tier - Tier 3 | |
| Velivet 0.1/0.125/0.15 -0.025 MG TAB | Moved to higher tier - Tier 3 | |
| Levonest 50-30/75-40/ 125-30 MCG TAB | Moved to higher tier - Tier 3 | |
| Levonorg-Eth Estrad Triphasic 50-30/75-40/ 125-30 MCG TAB | Moved to higher tier - Tier 3 | |
| Trivora (28) 50-30/75-40/ 125-30 MCG TAB | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Enpresse-28 50-30/75-40/ 125-30 MCG TAB | Moved to higher tier - Tier 3 | |
| Cyclafem 7/7/7 0.5/0.75/1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Alyacen 7/7/7 0.5/0.75/1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Dasetta 7/7/7 0.5/0.75/1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Pirmella 7/7/7 0.5/0.75/1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Nylia 7/7/7 0.5/0.75/1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Nortrel 7/7/7 0.5/0.75/1-35 MG-MCG TAB | Moved to higher tier - Tier 3 | |
| Tri-Previfem 0.18/0.215/0.25 MG-35 MCG TAB | Moved to higher tier - Tier 3 | |
| Tri-Estarylla 0.18/0.215/0.25 MG-35 MCG TAB | Moved to higher tier - Tier 3 | |
| Tri-Linyah 0.18/0.215/0.25 MG-35 MCG TAB | Moved to higher tier - Tier 3 | |
| Tri-Mili 0.18/0.215/0.25 MG-35 MCG TAB | Moved to higher tier - Tier 3 | |
| Tri Femynor 0.18/0.215/0.25 MG-35 MCG TAB | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|------------------------------|
| Tri-VyLibra 0.18/0.215/0.25 MG-35 MCG TAB | Moved to higher tier - Tier 3 | |
| Tri-Nymyo 0.18/0.215/0.25 MG-35 MCG TAB | Moved to higher tier - Tier 3 | |
| Norgestim-Eth Estrad Triphasic 0.18/0.215/0.25 MG-35 MCG TAB | Moved to higher tier - Tier 3 | |
| Tri-Sprintec 0.18/0.215/0.25 MG-35 MCG TAB | Moved to higher tier - Tier 3 | |
| Camrese Lo 0.1-0.02 & 0.01 MG TAB | Added to formulary - Tier 3 | |
| Amethia Lo 0.1-0.02 & 0.01 MG TAB | Added to formulary - Tier 3 | |
| LoJaimiess 0.1-0.02 & 0.01 MG TAB | Added to formulary - Tier 3 | |
| Levonorgest-Eth Estrad 91-Day 0.1-0.02 & 0.01 MG TAB | Added to formulary - Tier 3 | |
| Introvale 0.15-0.03 MG TAB | Moved to higher tier - Tier 3 | |
| Jolessa 0.15-0.03 MG TAB | Moved to higher tier - Tier 3 | |
| Setlakin 0.15-0.03 MG TAB | Moved to higher tier - Tier 3 | |
| Iclevia 0.15-0.03 MG TAB | Moved to higher tier - Tier 3 | |
| Levonorgest-Eth Estrad 91-Day 0.15-0.03 MG TAB | Moved to higher tier - Tier 3 | |
| Amethia 0.15-0.03 & 0.01 MG TAB | Added to formulary - Tier 4 | |
| Ashlyna 0.15-0.03 & 0.01 MG TAB | Added to formulary - Tier 4 | |
| Camrese 0.15-0.03 & 0.01 MG TAB | Added to formulary - Tier 4 | |
| Daysee 0.15-0.03 & 0.01 MG TAB | Added to formulary - Tier 4 | |
| Simpesse 0.15-0.03 & 0.01 MG TAB | Added to formulary - Tier 4 | Setlakin 0.15-0.03 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Jaimiess 0.15-0.03 &0.01 MG TAB | Added to formulary - Tier 4 | |
| Levonorgest-Eth Estrad 91-Day 0.15-0.03 &0.01 MG TAB | Added to formulary - Tier 4 | Levonorgest-Eth Estrad 91-Day 0.15-0.03 mg tablet |
| Megestrol Acetate 625 MG/5ML SUSPENSION | Removed from formulary (drug list) | Megestrol Acetate 40 mg/ml suspension |
| Tresiba 100 UNIT/ML SOLUTION | Added to formulary - Tier 3 | |
| Tresiba FlexTouch 100 UNIT/ML SOLN PEN | Added to formulary - Tier 3 | |
| Tresiba FlexTouch 200 UNIT/ML SOLN PEN | Added to formulary - Tier 3 | |
| NovoLIN R 100 UNIT/ML SOLUTION | Removed from formulary (drug list) | Humulin R 100 unit/ml solution |
| NovoLIN R ReliOn 100 UNIT/ML SOLUTION | Removed from formulary (drug list) | Humulin R 100 unit/ml solution |
| NovoLIN N 100 UNIT/ML SUSPENSION | Removed from formulary (drug list) | Humulin N 100 unit/ml solution |
| NovoLIN N ReliOn 100 UNIT/ML SUSPENSION | Removed from formulary (drug list) | Humulin N 100 unit/ml solution |
| HumaLOG Mix 50/50 (50-50) 100 UNIT/ML SUSPENSION | Removed from formulary (drug list) | Humalog Mix 50/50 Kwikpen |
| NovoLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION | Removed from formulary (drug list) | Humalog Mix 75/25 100 unit/ml suspension |
| NovoLIN 70/30 ReliOn (70-30) 100 UNIT/ML SUSPENSION | Removed from formulary (drug list) | Humalog Mix 75/25 100 unit/ml suspension |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--|
| Victoza 18 MG/3ML SOLN PEN | Removed from formulary (drug list) | Mounjaro 2.5 mg/0.5 ml, 5mg/0.5 ml, 7.5mg/0.5 ml, 10 mg/0.5 ml, 15 mg/0.5 ml, 12.5mg/0.5 ml solution pen; Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen; Trulicity 0.75 mg/0.5 ml, 1.5 mg/0.5 ml, Trulicity 3 mg/0.5 ml, 4.5 mg/0.5 ml solution pen |
| Ozempic (0.25 or 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | Removed from formulary (drug list) | Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen |
| Ozempic (1 MG/DOSE) 2 MG/1.5ML SOLN PEN | Removed from formulary (drug list) | Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen |
| Nateglinide 60 MG TAB | Moved to lower tier - Tier 1 | |
| Nateglinide 120 MG TAB | Moved to lower tier - Tier 1 | |
| Repaglinide 0.5 MG TAB | Moved to lower tier - Tier 1 | |
| Repaglinide 1 MG TAB | Moved to lower tier - Tier 1 | |
| Repaglinide 2 MG TAB | Moved to lower tier - Tier 1 | |
| Pioglitazone HCl 15 MG TAB | Moved to lower tier - Tier 1 | |
| Pioglitazone HCl 30 MG TAB | Moved to lower tier - Tier 1 | |
| Pioglitazone HCl 45 MG TAB | Moved to lower tier - Tier 1 | |
| Pioglitazone HCl-Glimepiride 30-2 MG TAB | Added to formulary - Tier 1 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------|--------------------|
| Pioglitazone HCl-Glimepiride 30-4 MG TAB | Added to formulary - Tier 1 | |
| Pioglitazone HCl-Metformin HCl 15-500 MG TAB | Added to formulary - Tier 1 | |
| Pioglitazone HCl-Metformin HCl 15-850 MG TAB | Added to formulary - Tier 1 | |
| Euthyrox 25 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 25 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 50 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 50 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 75 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 75 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 88 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 88 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 100 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 100 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 112 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 112 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 125 MCG TAB | Moved to lower tier - Tier 1 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--------------------------|
| Levothyroxine Sodium 125 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 137 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 137 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 150 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 150 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 175 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 175 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 200 MCG TAB | Moved to lower tier - Tier 1 | |
| Euthyrox 200 MCG TAB | Moved to lower tier - Tier 1 | |
| Levothyroxine Sodium 300 MCG TAB | Moved to lower tier - Tier 1 | |
| Alendronate Sodium 5 MG TAB | Moved to higher tier -Tier 2 | Alendronate 70 mg tablet |
| Alendronate Sodium 70 MG/75ML SOLUTION | Added to formulary - Tier 4 | Alendronate 70mg 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) | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-----------------------------------|------------------------------------|---|
| Natpara 100 MCG CARTRIDGE | Removed from formulary (drug list) | |
| Forteo 600 MCG/2.4ML SOLN PEN | Removed from formulary (drug list) | Tymlos 3120 mcg/1.56 ml pen solution |
| Raloxifene HCl 60 MG TAB | Moved to higher tier - Tier 3 | Alendronate Sodium 10 mg, 35 mg, 70 mg tablet |
| Genotropin 5 MG CARTRIDGE | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin 12 MG CARTRIDGE | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin MiniQuick 0.2 MG PRSYR | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin MiniQuick 0.4 MG PRSYR | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin MiniQuick 0.6 MG PRSYR | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin MiniQuick 0.8 MG PRSYR | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin MiniQuick 1 MG PRSYR | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin MiniQuick 1.2 MG PRSYR | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin MiniQuick 1.4 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 1.6 MG PRSYR | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin MiniQuick 1.8 MG PRSYR | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Genotropin MiniQuick 2 MG PRSYR | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Egrifta 1 MG RECON SOLN | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Egrifta SV 2 MG RECON SOLN | Removed from formulary (drug list) | Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge |
| Somatuline Depot 60 MG/0.2ML SOLUTION | Removed from formulary (drug list) | Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution |
| Somatuline Depot 90 MG/0.3ML SOLUTION | Removed from formulary (drug list) | Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution |
| 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 |

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| Drug Name | Description of Change | Alternative |
|---------------------------------|------------------------------------|--|
| SandoSTATIN LAR Depot 10 MG KIT | Removed from formulary (drug list) | Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution |
| SandoSTATIN LAR Depot 20 MG KIT | Removed from formulary (drug list) | Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution |
| SandoSTATIN LAR Depot 30 MG KIT | Removed from formulary (drug list) | Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution |
| Desmopressin Acetate 0.1 MG TAB | Moved to higher tier - Tier 3 | |
| Desmopressin Acetate 0.2 MG TAB | Moved to higher tier - Tier 3 | |
| Cabergoline 0.5 MG TAB | Moved to higher tier - Tier 3 | Bromocriptine Mesylate 5 mg capsule; Bromocriptine Mesylate 2.5 mg tablet |
| Veozah 45 MG TAB | Added to formulary - Tier 4 | |
| Doxercalciferol 0.5 MCG CAP | Removed from formulary (drug list) | Calcitriol 0.25 mcg, 0.5 mcg capsule |
| Doxercalciferol 1 MCG CAP | Removed from formulary (drug list) | Calcitriol 0.25 mcg, 0.5 mcg capsule |
| Doxercalciferol 2.5 MCG CAP | Removed from formulary (drug list) | Calcitriol 0.25 mcg, 0.5 mcg capsule |
| Cinacalcet HCl 90 MG TAB | Moved to lower tier - Tier 4 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-------------------------------------|------------------------------------|--|
| Strensiq 18 MG/0.45ML SOLUTION | Removed from formulary (drug list) | |
| Strensiq 28 MG/0.7ML SOLUTION | Removed from formulary (drug list) | |
| Strensiq 40 MG/ML SOLUTION | Removed from formulary (drug list) | |
| Strensiq 80 MG/0.8ML SOLUTION | Removed from formulary (drug list) | |
| Myalept 11.3 MG RECON SOLN | Removed from formulary (drug list) | |
| Elaprase 6 MG/3ML SOLUTION | Added to formulary - Tier 5 | |
| Javygtor 100 MG TAB | Removed from formulary (drug list) | Sapropterin Dihydrochloride 100 mg tablet; 100 mg, 500 mg packet |
| Javygtor 100 MG PACKET | Removed from formulary (drug list) | Sapropterin Dihydrochloride 100 mg tablet; 100 mg, 500 mg packet |
| Javygtor 500 MG PACKET | Removed from formulary (drug list) | Sapropterin Dihydrochloride 100 mg tablet; 100 mg, 500 mg packet |
| Crysvita 10 MG/ML SOLUTION | Removed from formulary (drug list) | |
| Crysvita 20 MG/ML SOLUTION | Removed from formulary (drug list) | |
| Crysvita 30 MG/ML SOLUTION | Removed from formulary (drug list) | |
| Nitroglycerin 0.4 MG/SPRAY SOLUTION | Added to formulary - Tier 4 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--|
| Ranolazine ER 500 MG TAB ER 12H | Moved to higher tier - Tier 4 | Nitroglycerin 0.3 mg, 0.4 ml, 0.6 mg sublingual tablet |
| Ranolazine ER 1000 MG TAB ER 12H | Moved to higher tier - Tier 4 | Nitroglycerin 0.3 mg, 0.4 ml, 0.6 mg sublingual tablet |
| Sorine 240 MG TAB | Removed from formulary (drug list) | Sorine 80 mg, 120 mg, 160 mg tablet |
| Timolol Maleate 5 MG TAB | Moved to higher tier - Tier 4 | Propranolol HCl 10 mg, 20 mg, 40 mg, 60 mg tablet |
| Timolol Maleate 10 MG TAB | Moved to higher tier - Tier 4 | Propranolol HCl 10 mg, 20 mg, 40 mg, 60 mg tablet |
| Timolol Maleate 20 MG TAB | Moved to higher tier - Tier 4 | Propranolol HCl 10 mg, 20 mg, 40 mg, 60 mg tablet |
| Metoprolol Succinate ER 25 MG TAB ER 24H | Moved to lower tier - Tier 1 | |
| Metoprolol Succinate ER 50 MG TAB ER 24H | Moved to lower tier - Tier 1 | |
| Metoprolol Succinate ER 100 MG TAB ER 24H | Moved to lower tier - Tier 1 | |
| Metoprolol Succinate ER 200 MG TAB ER 24H | Moved to lower tier - Tier 1 | |
| Carvedilol Phosphate ER 10 MG CAP ER 24H | Added to formulary - Tier 4 | Carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg tablet |
| Carvedilol Phosphate ER 20 MG CAP ER 24H | Added to formulary - Tier 4 | Carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| Carvedilol Phosphate ER 40 MG CAP ER 24H | Added to formulary - Tier 4 | Carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg tablet |
| Carvedilol Phosphate ER 80 MG CAP ER 24H | Added to formulary - Tier 4 | Carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg tablet |
| Isradipine 2.5 MG CAP | Added to formulary - Tier 3 | |
| Isradipine 5 MG CAP | Added to formulary - Tier 3 | |
| Verapamil HCl 40 MG TAB | Moved to lower tier - Tier 1 | |
| Verapamil HCl 80 MG TAB | Moved to lower tier - Tier 1 | |
| Verapamil HCl 120 MG TAB | Moved to lower tier - Tier 1 | |
| Verapamil HCl ER 120 MG CAP ER 24H | Moved to lower tier - Tier 2 | |
| Verapamil HCl ER 180 MG CAP ER 24H | Moved to lower tier - Tier 2 | |
| Verapamil HCl ER 240 MG CAP ER 24H | Moved to lower tier - Tier 2 | |
| Mexiletine HCl 150 MG CAP | Removed from formulary (drug list) | Amiodarone 200 mg tablet; Flecainide 50 mg, 100 mg, 150 mg tablet; Quinidine Sulfate 200 mg, 300 mg tablet |
| Mexiletine HCl 200 MG CAP | Removed from formulary (drug list) | Amiodarone 200 mg tablet; Flecainide 50 mg, 100 mg, 150 mg tablet; Quinidine Sulfate 200 mg, 300 mg tablet |

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| Drug Name | Description of Change | Alternative |
|---------------------------------|------------------------------------|---|
| 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 |
| Multaq 400 MG TAB | Moved to lower tier - Tier 3 | |
| Candesartan Cilexetil 4 MG TAB | Moved to lower tier - Tier 1 | |
| Candesartan Cilexetil 8 MG TAB | Moved to lower tier - Tier 1 | |
| Candesartan Cilexetil 16 MG TAB | Moved to lower tier - Tier 1 | |
| Candesartan Cilexetil 32 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan Medoxomil 5 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan Medoxomil 20 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan Medoxomil 40 MG TAB | Moved to lower tier - Tier 1 | |
| Aliskiren Fumarate 150 MG TAB | Moved to higher tier - Tier 4 | Losartan 25 mg, 50 mg, 100 mg tablet; Valsartan 40 mg, 80 mg, 160 mg, 320 mg tablet; Amlodipine Besylate 5 mg, 10 mg tablet; Lisinopril 10 mg, 20 mg, 40 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|---|
| Aliskiren Fumarate 300 MG TAB | Moved to higher tier - Tier 4 | Losartan 25 mg, 50 mg, 100 mg tablet; Valsartan 40 mg, 80 mg, 160 mg, 320 mg tablet; Amlodipine Besylate 5 mg, 10 mg tablet; Lisinopril 10 mg, 20 mg, 40 mg tablet |
| CloNIDine 0.1 MG/24HR PATCH WK | Moved to lower tier - Tier 3 | |
| CloNIDine 0.2 MG/24HR PATCH WK | Moved to lower tier - Tier 3 | |
| CloNIDine 0.3 MG/24HR PATCH WK | Moved to lower tier - Tier 3 | |
| CloNIDine HCl 0.1 MG TAB | Moved to lower tier - Tier 1 | |
| CloNIDine HCl 0.2 MG TAB | Moved to lower tier - Tier 1 | |
| CloNIDine HCl 0.3 MG TAB | Moved to lower tier - Tier 1 | |
| Terazosin HCl 1 MG CAP | Moved to lower tier - Tier 1 | |
| Terazosin HCl 2 MG CAP | Moved to lower tier - Tier 1 | |
| Terazosin HCl 5 MG CAP | Moved to lower tier - Tier 1 | |
| Terazosin HCl 10 MG CAP | Moved to lower tier - Tier 1 | |
| Eplerenone 25 MG TAB | Moved to lower tier - Tier 3 | |
| Eplerenone 50 MG TAB | Moved to lower tier - Tier 3 | |
| Trandolapril-Verapamil HCl ER 1-240 MG TAB ER | Added to formulary - Tier 1 | |
| Trandolapril-Verapamil HCl ER 2-180 MG TAB ER | Added to formulary - Tier 1 | |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------|--------------------|
| Trandolapril-Verapamil HCl ER 2-180 MG TAB ER | Added to formulary - Tier 1 | |
| Trandolapril-Verapamil HCl ER 2-240 MG TAB ER | Added to formulary - Tier 1 | |
| Trandolapril-Verapamil HCl ER 4-240 MG TAB ER | Added to formulary - Tier 1 | |
| Bisoprolol-hydroCHLOROthiazide 2.5-6.25 MG TAB | Moved to lower tier - Tier 1 | |
| Bisoprolol-hydroCHLOROthiazide 5-6.25 MG TAB | Moved to lower tier - Tier 1 | |
| Bisoprolol-hydroCHLOROthiazide 10-6.25 MG TAB | Moved to lower tier - Tier 1 | |
| Amlodipine-Olmesartan 5-20 MG TAB | Moved to lower tier - Tier 1 | |
| Amlodipine-Olmesartan 5-40 MG TAB | Moved to lower tier - Tier 1 | |
| Amlodipine-Olmesartan 10-20 MG TAB | Moved to lower tier - Tier 1 | |
| Amlodipine-Olmesartan 10-40 MG TAB | Moved to lower tier - Tier 1 | |
| Telmisartan-Amlodipine 40-5 MG TAB | Added to formulary - Tier 1 | |
| Telmisartan-Amlodipine 40-10 MG TAB | Added to formulary - Tier 1 | |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------|--------------------|
| Telmisartan-Amlodipine 80-5 MG TAB | Added to formulary - Tier 1 | |
| Telmisartan-Amlodipine 80-10 MG TAB | Added to formulary - Tier 1 | |
| Candesartan Cilexetil-HCTZ 16-12.5 MG TAB | Moved to lower tier - Tier 1 | |
| Candesartan Cilexetil-HCTZ 32-12.5 MG TAB | Moved to lower tier - Tier 1 | |
| Candesartan Cilexetil-HCTZ 32-25 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan Medoxomil-HCTZ 20-12.5 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan Medoxomil-HCTZ 40-12.5 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan Medoxomil-HCTZ 40-25 MG TAB | Moved to lower tier - Tier 1 | |
| Amlodipine-Valsartan-HCTZ 5-160-12.5 MG TAB | Moved to lower tier - Tier 1 | |
| Amlodipine-Valsartan-HCTZ 5-160-25 MG TAB | Moved to lower tier - Tier 1 | |
| Amlodipine-Valsartan-HCTZ 10-160-12.5 MG TAB | Moved to lower tier - Tier 1 | |
| Amlodipine-Valsartan-HCTZ 10-160-25 MG TAB | Moved to lower tier - Tier 1 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------------------------------|
| Amlodipine-Valsartan-HCTZ 10-320-25 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan-Amlodipine-HCTZ 20-5-12.5 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan-Amlodipine-HCTZ 40-5-12.5 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan-Amlodipine-HCTZ 40-5-25 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan-Amlodipine-HCTZ 40-10-12.5 MG TAB | Moved to lower tier - Tier 1 | |
| Olmesartan-Amlodipine-HCTZ 40-10-25 MG TAB | Moved to lower tier - Tier 1 | |
| Methyldopa-Hydrochlorothiazide 250-15 MG TAB | Added to formulary - Tier 3 | |
| Methyldopa-Hydrochlorothiazide 250-25 MG TAB | Added to formulary - Tier 3 | |
| acetaZOLAMIDE ER 500 MG CAP ER 12H | Moved to lower tier - Tier 2 | |
| Furosemide 10 MG/ML SOLUTION | Moved to lower tier - Tier 1 | |
| SpiroNolactone 25 MG TAB | Moved to lower tier - Tier 1 | |
| SpiroNolactone 50 MG TAB | Moved to lower tier - Tier 1 | |
| SpiroNolactone 100 MG TAB | Moved to lower tier - Tier 1 | |
| Triamterene-HCTZ 37.5-25 MG TAB | Moved to lower tier - Tier 1 | |
| Triamterene-HCTZ 75-50 MG TAB | Moved to lower tier - Tier 1 | |
| Midodrine HCl 2.5 MG TAB | Moved to higher tier - Tier 3 | Clonidine Hcl 0.1 mg, 0.3 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---------------------------------------|------------------------------------|--|
| Midodrine HCl 5 MG TAB | Moved to higher tier - Tier 3 | Clonidine Hcl 0.1 mg, 0.3 mg tablet |
| Midodrine HCl 10 MG TAB | Moved to higher tier - Tier 3 | Clonidine Hcl 0.1 mg, 0.3 mg tablet |
| Colestipol HCl 5 GM GRANULES | Moved to higher tier - Tier 3 | Colestipol Hcl 1 gm tablet |
| Colestipol HCl 5 GM PACKET | Moved to higher tier - Tier 3 | Colestipol Hcl 1 gm 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 | |
| Amlodipine-Atorvastatin 2.5-10 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Amlodipine-Atorvastatin 2.5-20 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Amlodipine-Atorvastatin 2.5-40 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Amlodipine-Atorvastatin 5-10 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Amlodipine-Atorvastatin 5-20 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |

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| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--|
| Amlodipine-Atorvastatin 5-40 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Amlodipine-Atorvastatin 5-80 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Amlodipine-Atorvastatin 10-10 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Amlodipine-Atorvastatin 10-20 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Amlodipine-Atorvastatin 10-40 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Amlodipine-Atorvastatin 10-80 MG TAB | Added to formulary - Tier 3 | Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet |
| Isosorb Dinitrate-hydrALAZINE 20-37.5 MG TAB | Added to formulary - Tier 4 | |
| Cyproheptadine HCl 4 MG TAB | Moved to higher tier - Tier 3 | Hydroxyzine HCl 10 mg, 25 mg, 50 mg tablet |
| Cetirizine HCl 5 MG/5ML SOLUTION | Added to formulary - Tier 2 | |
| Cetirizine HCl 1 MG/ML SOLUTION | Added to formulary - Tier 2 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Levocetirizine Dihydrochloride 5 MG TAB | Moved to lower tier - Tier 1 | |
| Azelastine HCl 0.15 % SOLUTION | Removed from formulary (drug list) | Azelastine 0.1% solution |
| Atrovent HFA 17 MCG/ACT AERO SOLN | Moved to higher tier - Tier 4 | Ipratropium Bromide 0.02 % 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 | |
| Combivent Respimat 20-100 MCG/ACT AERO SOLN | Moved to higher tier - Tier 4 | Spiriva Respimat 2.5 MCG/ACT, 1.25 mcg/aersol solution |
| 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 | |
| Qvar RediHaler 40 MCG/ACT AERO BA | Removed from formulary (drug list) | Pulmicort Flexhaler 180 mcg/act, 90 mcg/act aerosol powder (breath activated) |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Qvar RediHaler 80 MCG/ACT AERO BA | Removed from formulary (drug list) | Pulmicort Flexhaler 180 mcg/act, 90 mcg/act aerosol powder (breath activated) |
| Budesonide 0.25 MG/2ML SUSPENSION | Moved to higher tier - Tier 4 | Pulmicort Flexhaler 180 mcg/act, 90 mcg/act aerosol powder (breath activated) |
| Budesonide 0.5 MG/2ML SUSPENSION | Moved to higher tier - Tier 4 | Pulmicort Flexhaler 180 mcg/act, 90 mcg/act aerosol powder (breath activated) |
| Budesonide 1 MG/2ML SUSPENSION | Moved to higher tier - Tier 4 | Pulmicort Flexhaler 180 mcg/act, 90 mcg/act aerosol powder (breath activated) |
| Pulmicort Flexhaler 90 MCG/ACT AER POW BA | Moved to lower tier - Tier 3 | |
| Pulmicort Flexhaler 180 MCG/ACT AER POW BA | Moved to lower tier - Tier 3 | |
| Arnuity Ellipta 50 MCG/ACT AER POW BA | Added to formulary - Tier 3 | |
| Arnuity Ellipta 100 MCG/ACT AER POW BA | Added to formulary - Tier 3 | |
| Arnuity Ellipta 200 MCG/ACT AER POW BA | Added to formulary - Tier 3 | |
| Montelukast Sodium 10 MG TAB | Moved to lower tier - Tier 1 | |
| Zafirlukast 10 MG TAB | Moved to higher tier - Tier 4 | Montelukast Sodium 10 mg tablet |
| Zafirlukast 20 MG TAB | Moved to higher tier - Tier 4 | Montelukast Sodium 10 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-------------------------------|------------------------------------|---|
| Xolair 150 MG RECON SOLN | Removed from formulary (drug list) | Xolair 150 mg/ml, 300 mg/2 ml, 75 mg/0.5 ml auto-injection solution; Xolair 75 mg/2 ml, 150 mg/ml, 300 mg/ml prefilled syringe solution |
| Xolair 75 MG/0.5ML SOLN A-INJ | Updated quantity limit | |
| Xolair 150 MG/ML SOLN A-INJ | Updated quantity limit | |
| Xolair 75 MG/0.5ML SOLN PRSYR | Updated quantity limit | |
| Xolair 150 MG/ML SOLN PRSYR | Updated quantity limit | |
| Nucala 100 MG RECON SOLN | Removed from formulary (drug list) | Dupixent 200 mg/1.14 ml, 300 mg/2 ml, 100 mg/0.67 ml, 200 mg/1.14 ml, 300 mg/2 ml prefilled syringe solution |
| Nucala 100 MG/ML SOLN A-INJ | Removed from formulary (drug list) | Dupixent 200 mg/1.14 ml, 300 mg/2 ml, 100 mg/0.67 ml, 200 mg/1.14 ml, 300 mg/2 ml prefilled syringe solution |
| 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 |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|-------------------------------------|
| Aralast NP 500 MG RECON SOLN | Removed from formulary (drug list) | Prolastin-C 1000 mg |
| Aralast NP 1000 MG RECON SOLN | Removed from formulary (drug list) | Prolastin-C 1000 mg |
| Bronchitol 40 MG CAP | Updated quantity limit | |
| Symdeko 50-75 & 75 MG TAB THPK | Removed from formulary (drug list) | |
| Symdeko 100-150 & 150 MG TAB THPK | Removed from formulary (drug list) | |
| Atropine Sulfate 0.5 MG/5ML SOLN PRSYR | Added to formulary - Tier 4 | |
| Atropine Sulfate 1 MG/10ML SOLN PRSYR | Added to formulary - Tier 4 | |
| Methscopolamine Bromide 2.5 MG TAB | Added to formulary - Tier 4 | Dicyclomine Hcl 10 mg, 20 mg tablet |
| Methscopolamine Bromide 5 MG TAB | Added to formulary - Tier 4 | Dicyclomine Hcl 10 mg, 20 mg tablet |
| Dicyclomine HCl 10 MG/5ML SOLUTION | Added to formulary - Tier 4 | |
| Cimetidine HCl 300 MG/5ML SOLUTION | Removed from formulary (drug list) | Cimetidine 300 mg tablet |
| Cimetidine HCl 400 MG/6.67ML SOLUTION | Removed from formulary (drug list) | Cimetidine 300 mg tablet |
| Famotidine 20 MG TAB | Moved to lower tier - Tier 1 | |
| Famotidine 40 MG TAB | Moved to lower tier - Tier 1 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--------------------------------------|------------------------------------|---|
| Esomeprazole Magnesium 20 MG CAP DR | Added to formulary - Tier 4 | Omeprazole 20 mg, 40 mg capsule |
| Esomeprazole Magnesium 40 MG CAP DR | Added to formulary - Tier 4 | Omeprazole 20 mg, 40 mg capsule |
| Omeprazole 20 MG CAP DR | Moved to lower tier - Tier 1 | |
| Omeprazole 40 MG CAP DR | Moved to lower tier - Tier 1 | |
| Pantoprazole Sodium 20 MG TAB DR | Moved to lower tier - Tier 1 | |
| Pantoprazole Sodium 40 MG TAB DR | Moved to lower tier - Tier 1 | |
| Pantoprazole Sodium 40 MG RECON SOLN | Added to formulary - Tier 4 | |
| Granisetron HCl 1 MG/ML SOLUTION | Removed from formulary (drug list) | Granisetron Hcl 1 mg tablet |
| Granisetron HCl 4 MG/4ML SOLUTION | Removed from formulary (drug list) | Granisetron Hcl 1 mg tablet |
| Zenpep 3000-10000 UNIT CP DR PART | Removed from formulary (drug list) | Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR |
| Zenpep 5000-24000 UNIT CP DR PART | Removed from formulary (drug list) | Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR |
| Zenpep 10000-32000 UNIT CP DR PART | Removed from formulary (drug list) | Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-------------------------------------|------------------------------------|---|
| Zenpep 15000-47000 UNIT CP DR PART | Removed from formulary (drug list) | Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR |
| Zenpep 20000-63000 UNIT CP DR PART | Removed from formulary (drug list) | Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR |
| Zenpep 25000-79000 UNIT CP DR PART | Removed from formulary (drug list) | Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR |
| Zenpep 40000-126000 UNIT CP DR PART | Removed from formulary (drug list) | Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR |
| Zenpep 60000-189600 UNIT CP DR PART | Removed from formulary (drug list) | Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR |
| Ursodiol 300 MG CAP | Moved to higher tier - Tier 4 | Ursodiol 500 mg tablet |
| Ursodiol 250 MG TAB | Moved to higher tier - Tier 3 | |
| Ursodiol 500 MG TAB | Moved to higher tier - Tier 3 | |
| 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 |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|--|---|
| Bylvay (Pellets) 600 MCG CAP SPRINK | Removed from formulary (drug list) | Rifampin 150mg, 300 mg capsule |
| Balsalazide Disodium 750 MG CAP | Moved to higher tier - Tier 3 | Sulfasalazine 500 mg tablet, 500 mg DR tablet |
| Dipentum 250 MG CAP | Added to formulary - Tier 5 | |
| Zymfentra (2 Pen) 120 MG/ML AUT-IJ KIT | Updated quantity limit | |
| Vowst CAP | Added to formulary - Tier 5 | |
| Gattex 5 MG KIT | Removed from formulary (drug list) | Omnitrope 5.8 mg recon solution; 10 mg/1.5 ml, 5 mg/1.5 ml solution cartridge |
| Relistor 8 MG/0.4ML SOLUTION | Removed from formulary (drug list) | Movantik 12.5 mg, 25 mg tablet |
| Relistor 12 MG/0.6ML SOLUTION | Removed from formulary (drug list) | Movantik 12.5 mg, 25 mg tablet |
| Cholbam 50 MG CAP | Removed from formulary (drug list) | |
| Cholbam 250 MG CAP | Removed from formulary (drug list) | |
| Calcium Acetate (Phos Binder) 667 MG CAP | As of 1/1/2025 this drug will be covered as part of your dialysis treatment. | |
| Calcium Acetate 667 MG TAB | As of 1/1/2025 this drug will be covered as part of your dialysis treatment. | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|--|--------------------|
| 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. | |
| Fosrenol 1000 MG CHEW TAB | As of 1/1/2025 this drug will be covered as part of your dialysis treatment. | |

Effective 1/1/2025

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

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|--|--|
| Renvela 2.4 GM PACKET | As of 1/1/2025 this drug will be covered as part of your dialysis treatment. | |
| Sevelamer HCl 400 MG TAB | As of 1/1/2025 this drug will be covered as part of your dialysis treatment. | |
| Sevelamer HCl 800 MG TAB | As of 1/1/2025 this drug will be covered as part of your dialysis treatment. | |
| Renagel 800 MG TAB | As of 1/1/2025 this drug will be covered as part of your dialysis treatment. | |
| Velphoro 500 MG CHEW TAB | As of 1/1/2025 this drug will be covered as part of your dialysis treatment. | |
| Tolterodine Tartrate 1 MG TAB | Moved to higher tier - Tier 4 | Oxybutynin Chloride 5 mg; ER 5 mg, 10 mg, 15 mg ER 24 H tablet |
| Tolterodine Tartrate 2 MG TAB | Moved to higher tier - Tier 4 | Oxybutynin Chloride 5 mg; ER 5 mg, 10 mg, 15 mg ER 24 H tablet |
| Tolterodine Tartrate ER 2 MG CAP ER 24H | Moved to higher tier - Tier 4 | Oxybutynin Chloride 5 mg; ER 5 mg, 10 mg, 15 mg ER 24 H tablet |
| Tolterodine Tartrate ER 4 MG CAP ER 24H | Moved to higher tier - Tier 4 | Oxybutynin Chloride 5 mg; ER 5 mg, 10 mg, 15 mg ER 24 H 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 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Myrbetriq 8 MG/ML SRER | Added to formulary - Tier 3 | |
| FlavoxATE HCl 100 MG TAB | 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 2 | |
| Finasteride 5 MG TAB | Moved to lower tier - Tier 1 | |
| Silodosin 4 MG CAP | Moved to higher tier - Tier 3 | Alfuzosin HCl ER 20 mg tablet |
| Silodosin 8 MG CAP | Moved to higher tier - Tier 3 | Alfuzosin HCl ER 20 mg tablet |
| Tamsulosin HCl 0.4 MG CAP | Moved to lower tier - Tier 1 | |
| Dutasteride-Tamsulosin HCl 0.5-0.4 MG CAP | Added to formulary - Tier 4 | |
| ALPRAZolam ER 0.5 MG TAB ER 24H | Added to formulary - Tier 4 | Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet |
| ALPRAZolam XR 0.5 MG TAB ER 24H | Added to formulary - Tier 4 | Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet |
| ALPRAZolam ER 1 MG TAB ER 24H | Added to formulary - Tier 4 | Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet |
| ALPRAZolam XR 1 MG TAB ER 24H | Added to formulary - Tier 4 | Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet |
| ALPRAZolam ER 2 MG TAB ER 24H | Added to formulary - Tier 4 | Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet |
| ALPRAZolam XR 2 MG TAB ER 24H | Added to formulary - Tier 4 | Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-------------------------------------|------------------------------------|--|
| ALPRAZolam ER 3 MG TAB ER 24H | Added to formulary - Tier 4 | Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet |
| ALPRAZolam XR 3 MG TAB ER 24H | Added to formulary - Tier 4 | Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet |
| Clorazepate Dipotassium 3.75 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 |
| Clorazepate Dipotassium 7.5 MG TAB | Moved to higher tier - Tier 3 | Clonazepam 0.5 mg, 1 mg, 2 mg tablet; Diazepam 2 mg, 5 mg, 10 mg tablet; Lorazepam 0.5 mg, 1 mg, 2 mg tablet |
| Clorazepate Dipotassium 15 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 |
| HydrOXYzine Pamoate 25 MG CAP | Added to formulary - Tier 4 | |
| HydrOXYzine Pamoate 50 MG CAP | Added to formulary - Tier 4 | |
| HydrOXYzine Pamoate 100 MG CAP | Added to formulary - Tier 4 | |
| Mirtazapine 15 MG TAB | Moved to lower tier - Tier 1 | |
| Mirtazapine 30 MG TAB | Moved to lower tier - Tier 1 | |
| Viibryd Starter Pack 10 & 20 MG KIT | Removed from formulary (drug list) | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--------------------------------------|------------------------------|--|
| Citalopram Hydrobromide 10 MG TAB | Moved to lower tier - Tier 1 | |
| Citalopram Hydrobromide 20 MG TAB | Moved to lower tier - Tier 1 | |
| Citalopram Hydrobromide 40 MG TAB | Moved to lower tier - Tier 1 | |
| Escitalopram Oxalate 5 MG TAB | Moved to lower tier - Tier 1 | |
| Escitalopram Oxalate 10 MG TAB | Moved to lower tier - Tier 1 | |
| Escitalopram Oxalate 20 MG TAB | Moved to lower tier - Tier 1 | |
| FLUoxetine HCl 10 MG CAP | Moved to lower tier - Tier 1 | |
| FLUoxetine HCl 20 MG CAP | Moved to lower tier - Tier 1 | |
| FLUoxetine HCl 40 MG CAP | Moved to lower tier - Tier 1 | |
| PARoxetine HCl 10 MG TAB | Moved to lower tier - Tier 1 | |
| PARoxetine HCl 20 MG TAB | Moved to lower tier - Tier 1 | |
| PARoxetine HCl 30 MG TAB | Moved to lower tier - Tier 1 | |
| PARoxetine HCl 40 MG TAB | Moved to lower tier - Tier 1 | |
| PARoxetine HCl ER 12.5 MG TAB ER 24H | Added to formulary - Tier 4 | Paroxetine Hcl 10 mg, 20 mg, 30 mg, 40 mg tablet |
| PARoxetine HCl ER 25 MG TAB ER 24H | Added to formulary - Tier 4 | Paroxetine Hcl 10 mg, 20 mg, 30 mg, 40 mg tablet |
| PARoxetine HCl ER 37.5 MG TAB ER 24H | Added to formulary - Tier 4 | Paroxetine Hcl 10 mg, 20 mg, 30 mg, 40 mg tablet |
| Sertraline HCl 25 MG TAB | Moved to lower tier - Tier 1 | |
| Sertraline HCl 50 MG TAB | Moved to lower tier - Tier 1 | |
| Sertraline HCl 100 MG TAB | Moved to lower tier - Tier 1 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Desvenlafaxine Succinate ER 25 MG TAB ER 24H | Moved to lower tier - Tier 3 | |
| Desvenlafaxine Succinate ER 50 MG TAB ER 24H | Moved to lower tier - Tier 3 | |
| Desvenlafaxine Succinate ER 100 MG TAB ER 24H | Moved to lower tier - Tier 3 | |
| DULoxetine HCl 40 MG CP DR PART | Added to formulary - Tier 4 | Duloxetine Hcl 20 mg capsule |
| Maprotiline HCl 25 MG TAB | Removed from formulary (drug list) | |
| Maprotiline HCl 50 MG TAB | Removed from formulary (drug list) | |
| Maprotiline HCl 75 MG TAB | Removed from formulary (drug list) | |
| Auvelity 45-105 MG TAB ER | Moved to lower tier - Tier 4 | |
| risperiDONE Microspheres ER 25 MG SRER | Moved to lower tier - Tier 4 | |
| CloZAPine 200 MG TAB DISP | Moved to lower tier - Tier 4 | |
| cloZAPine 200 MG TAB DISP | Moved to lower tier - Tier 4 | |
| QUetiapine Fumarate ER 50 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |
| QUetiapine Fumarate ER 150 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|---|
| QUetiapine Fumarate ER 200 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |
| QUetiapine Fumarate ER 300 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |
| QUetiapine Fumarate ER 400 MG TAB ER 24H | Moved to higher tier - Tier 4 | Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet |
| ARIPiprazole 2 MG TAB | Moved to higher tier - Tier 4 | Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule |
| ARIPiprazole 5 MG TAB | Moved to higher tier - Tier 4 | Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule |
| ARIPiprazole 10 MG TAB | Moved to higher tier - Tier 4 | Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule |
| ARIPiprazole 15 MG TAB | Moved to higher tier - Tier 4 | Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule |
| ARIPiprazole 20 MG TAB | Moved to higher tier - Tier 4 | Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule |
| ARIPiprazole 30 MG TAB | Moved to higher tier - Tier 4 | Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule |
| Ziprasidone HCl 20 MG CAP | Moved to higher tier - Tier 3 | Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet |
| Ziprasidone HCl 40 MG CAP | Moved to higher tier - Tier 3 | Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-------------------------------------|------------------------------------|--|
| Ziprasidone HCl 60 MG CAP | Moved to higher tier - Tier 3 | Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet |
| Ziprasidone HCl 80 MG CAP | Moved to higher tier - Tier 3 | Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet |
| Estazolam 1 MG TAB | Removed from formulary (drug list) | Zolpidem 5 mg, 10 mg tablet |
| Estazolam 2 MG TAB | Removed from formulary (drug list) | Zolpidem 5 mg, 10 mg tablet |
| Zolpidem Tartrate ER 6.25 MG TAB ER | Added to formulary - Tier 3 | Zolpidem 5 mg, 10 mg tablet |
| Zolpidem Tartrate ER 12.5 MG TAB ER | Added to formulary - Tier 3 | Zolpidem 5 mg, 10 mg tablet |
| Zenzedi 5 MG TAB | Removed from formulary (drug list) | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |
| Dextroamphetamine Sulfate 5 MG TAB | Moved to higher tier - Tier 4 | 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 |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-------------------------------------|------------------------------------|--|
| Dextroamphetamine Sulfate 10 MG TAB | Moved to higher tier - Tier 4 | 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 | Moved to higher tier - Tier 4 | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |
| Dextroamphetamine Sulfate 20 MG TAB | Moved to higher tier - Tier 4 | 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 | Moved to higher tier - Tier 4 | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--|
| Zenedi 30 MG TAB | Removed from formulary (drug list) | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |
| Dextroamphetamine Sulfate ER 5 MG CAP ER 24H | 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 ER 10 MG CAP ER 24H | 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 ER 15 MG CAP ER 24H | Removed from formulary (drug list) | Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet |
| Lisdexamfetamine Dimesylate 10 MG CAP | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 20 MG CAP | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 30 MG CAP | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 40 MG CAP | Added to formulary - Tier 4 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Lisdexamfetamine Dimesylate 50 MG CAP | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 60 MG CAP | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 70 MG CAP | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 10 MG CHEW TAB | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 20 MG CHEW TAB | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 30 MG CHEW TAB | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 40 MG CHEW TAB | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 50 MG CHEW TAB | Added to formulary - Tier 4 | |
| Lisdexamfetamine Dimesylate 60 MG CHEW TAB | Added to formulary - Tier 4 | |
| CloNIDine HCl ER 0.1 MG TAB ER 12H | Removed from formulary (drug list) | Guanfacine Hcl ER 1 mg, 2 mg, 3 mg, 4 mg tablet |
| Methylphenidate HCl 2.5 MG CHEW TAB | Added to formulary - Tier 4 | |
| Methylphenidate HCl 5 MG CHEW TAB | Added to formulary - Tier 4 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|---|
| Methylphenidate HCl 10 MG CHEW TAB | Added to formulary - Tier 4 | |
| Ergoloid Mesylates 1 MG TAB | Added to formulary - Tier 3 | |
| Donepezil HCl 5 MG TAB | Moved to lower tier - Tier 1 | |
| Donepezil HCl 10 MG TAB | Moved to lower tier - Tier 1 | |
| Donepezil HCl 23 MG TAB | Added to formulary - Tier 4 | Donepezil 5 mg, 10 mg tablet |
| Galantamine Hydrobromide 4 MG TAB | Added to formulary - Tier 2 | |
| Galantamine Hydrobromide 8 MG TAB | Added to formulary - Tier 2 | |
| Galantamine Hydrobromide 12 MG TAB | Added to formulary - Tier 2 | |
| Galantamine Hydrobromide 4 MG/ML SOLUTION | Added to formulary - Tier 4 | Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet |
| Galantamine Hydrobromide ER 8 MG CAP ER 24H | Added to formulary - Tier 4 | Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet |
| Galantamine Hydrobromide ER 16 MG CAP ER 24H | Added to formulary - Tier 4 | Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet |
| Galantamine Hydrobromide ER 24 MG CAP ER 24H | Added to formulary - Tier 4 | Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet |
| Rivastigmine Tartrate 1.5 MG CAP | Moved to higher tier - Tier 3 | Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet |
| Rivastigmine Tartrate 3 MG CAP | Moved to higher tier - Tier 3 | Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-----------------------------------|------------------------------------|---|
| Rivastigmine Tartrate 4.5 MG CAP | Moved to higher tier - Tier 3 | Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet |
| Rivastigmine Tartrate 6 MG CAP | Moved to higher tier - Tier 3 | Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet |
| Memantine HCl 2 MG/ML SOLUTION | Moved to lower tier - Tier 3 | |
| Memantine HCl 10 MG/5ML SOLUTION | Moved to lower tier - Tier 3 | |
| Memantine HCl ER 7 MG CAP ER 24H | Moved to higher tier - Tier 4 | Memantine Hcl 5 mg, 10 mg tablet |
| Memantine HCl ER 14 MG CAP ER 24H | Moved to higher tier - Tier 4 | Memantine Hcl 5 mg, 10 mg tablet |
| Memantine HCl ER 21 MG CAP ER 24H | Moved to higher tier - Tier 4 | Memantine Hcl 5 mg, 10 mg tablet |
| Memantine HCl ER 28 MG CAP ER 24H | Moved to higher tier - Tier 4 | Memantine Hcl 5 mg, 10 mg tablet |
| Nicotrol 10 MG INHALER | Moved to higher tier - Tier 4 | |
| Austedo 6 MG TAB | Removed from formulary (drug list) | |
| Austedo 9 MG TAB | Removed from formulary (drug list) | |
| Austedo 12 MG TAB | Removed from formulary (drug list) | |
| Austedo XR 6 MG TAB ER 24H | Removed from formulary (drug list) | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|--------------------|
| Austedo XR 12 MG TAB ER 24H | Removed from formulary (drug list) | |
| Austedo XR 18 MG TAB ER 24H | Removed from formulary (drug list) | |
| Austedo XR 24 MG TAB ER 24H | Removed from formulary (drug list) | |
| Austedo XR 30 MG TAB ER 24H | Removed from formulary (drug list) | |
| Austedo XR 36 MG TAB ER 24H | Removed from formulary (drug list) | |
| Austedo XR 42 MG TAB ER 24H | Removed from formulary (drug list) | |
| Austedo XR 48 MG TAB ER 24H | Removed from formulary (drug list) | |
| Austedo XR Patient Titration 6 & 12 & 24 MG TBER THPK | Removed from formulary (drug list) | |
| Austedo XR Patient Titration 12 & 18 & 24 & 30 MG TBER THPK | Removed from formulary (drug list) | |
| Ingrezza 40 MG CAP | Removed from formulary (drug list) | |
| Ingrezza 60 MG CAP | Removed from formulary (drug list) | |
| Ingrezza 80 MG CAP | Removed from formulary (drug list) | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|----------------------|
| Ingrezza 40 & 80 MG CAP THPK | Removed from formulary (drug list) | |
| Glatopa 20 MG/ML SOLN PRSYR | Added to formulary - Tier 5 | |
| Glatiramer Acetate 40 MG/ML SOLN PRSYR | Added to formulary - Tier 5 | |
| Glatopa 40 MG/ML SOLN PRSYR | Added to formulary - Tier 5 | |
| Rebif Rebidose 22 MCG/0.5ML SOLN A-INJ | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Rebif Rebidose 44 MCG/0.5ML SOLN A-INJ | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Rebif Rebidose Titration Pack 6X8.8 & 6X22 MCG SOLN A-INJ | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Rebif 22 MCG/0.5ML SOLN PRSYR | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Rebif 44 MCG/0.5ML SOLN PRSYR | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Rebif Titration Pack 6X8.8 & 6X22 MCG SOLN PRSYR | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Avonex Pen 30 MCG/0.5ML AUT-IJ KIT | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Avonex Prefilled 30 MCG/0.5ML PREF SY KT | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Extavia 0.3 MG KIT | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Plegridy 125 MCG/0.5ML SOLN PEN | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Plegridy Starter Pack 63 & 94 MCG/0.5ML SOLN PEN | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Plegridy 125 MCG/0.5ML SOLN PRSYR | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Plegridy 125 MCG/0.5ML SOLN PRSYR | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| Plegridy Starter Pack 63 & 94 MCG/0.5ML SOLN PRSYR | Removed from formulary (drug list) | Betaseron 0.3 mg KIT |
| 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 |
| Perphenazine-Amitriptyline 2-10 MG TAB | Added to formulary - Tier 4 | Perphenazine 2 mg tablet; Amitriptyline Hcl 10 mg tablet |
| Perphenazine-Amitriptyline 2-25 MG TAB | Added to formulary - Tier 4 | Perphenazine 2 mg tablet; Amitriptyline Hcl 10 mg tablet |
| Perphenazine-Amitriptyline 4-10 MG TAB | Added to formulary - Tier 4 | Perphenazine 2 mg tablet; Amitriptyline Hcl 10 mg tablet |
| Perphenazine-Amitriptyline 4-25 MG TAB | Added to formulary - Tier 4 | Perphenazine 2 mg tablet; Amitriptyline Hcl 10 mg tablet |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| Perphenazine-Amitriptyline 4-50 MG TAB | Added to formulary - Tier 4 | Perphenazine 2 mg tablet; Amitriptyline Hcl 10 mg tablet |
| Butalbital-Aspirin-Caffeine 50-325-40 MG CAP | Added to formulary - Tier 4 | Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet |
| Butalbital-Aspirin-Caffeine 50-325-40 MG TAB | Added to formulary - Tier 2 | |
| Codeine Sulfate 15 MG TAB | Moved to higher tier - Tier 4 | Oxycodone Hcl 15 mg, 30 mg, 5 mg tablet |
| Codeine Sulfate 30 MG TAB | Moved to higher tier - Tier 4 | Oxycodone Hcl 15 mg, 30 mg, 5 mg tablet |
| Codeine Sulfate 60 MG TAB | Moved to higher tier - Tier 4 | Oxycodone Hcl 15 mg, 30 mg, 5 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 15 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet Morphine Sulfate 30 MG TAB |
| Morphine Sulfate ER 30 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet Morphine Sulfate 30 MG TAB |
| Morphine Sulfate ER 60 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet Morphine Sulfate 30 MG TAB |
| Morphine Sulfate ER 100 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|-----------------------------------|------------------------------------|---|
| Morphine Sulfate ER 200 MG TAB ER | Moved to higher tier - Tier 4 | Morphine Sulfate 15 mg, 30 mg tablet |
| OxyCODONE HCl 100 MG/5ML CONC | Added to formulary - Tier 4 | |
| TraMADol HCl ER 100 MG TAB ER 24H | Added to formulary - Tier 4 | |
| TraMADol HCl ER 200 MG TAB ER 24H | Added to formulary - Tier 4 | |
| TraMADol HCl ER 300 MG TAB ER 24H | Added to formulary - Tier 4 | |
| Buprenorphine 5 MCG/HR PATCH WK | Added to formulary - Tier 4 | |
| Buprenorphine 7.5 MCG/HR PATCH WK | Added to formulary - Tier 4 | |
| Buprenorphine 10 MCG/HR PATCH WK | Added to formulary - Tier 4 | |
| Buprenorphine 15 MCG/HR PATCH WK | Added to formulary - Tier 4 | |
| Buprenorphine 20 MCG/HR PATCH WK | Added to formulary - Tier 4 | |
| Zubsolv 0.7-0.18 MG SL TAB | Removed from formulary (drug list) | Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet |
| Zubsolv 1.4-0.36 MG SL TAB | Removed from formulary (drug list) | Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|--|
| Zubsolv 2.9-0.71 MG SL TAB | Removed from formulary (drug list) | Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet |
| Zubsolv 5.7-1.4 MG SL TAB | Removed from formulary (drug list) | Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet |
| Zubsolv 8.6-2.1 MG SL TAB | Removed from formulary (drug list) | Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet |
| Zubsolv 11.4-2.9 MG SL TAB | Removed from formulary (drug list) | Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet |
| Butorphanol Tartrate 10 MG/ML SOLUTION | Added to formulary - Tier 3 | |
| oxyCODONE-Acetaminophen 5-325 MG/5ML SOLUTION | Added to formulary - Tier 3 | Oxycodone-Acetaminophen 5-325 mg tablet |
| Butalbital-APAP-Caff-Cod 50-325-40-30 MG CAP | Removed from formulary (drug list) | Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet |
| Hydrocodone-Acetaminophen 7.5-325 MG/15ML SOLUTION | Moved to higher tier - Tier 4 | Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet |
| Hydrocodone-Acetaminophen 2.5-108 MG/5ML SOLUTION | Moved to higher tier - Tier 4 | Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--|
| Hydrocodone-Acetaminophen 5-217 MG/10ML SOLUTION | Moved to higher tier - Tier 4 | Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet |
| Diclofenac Sodium 75 MG TAB DR | Moved to lower tier - Tier 1 | |
| Etodolac 200 MG CAP | Added to formulary - Tier 3 | |
| Etodolac 300 MG CAP | Added to formulary - Tier 3 | |
| Etodolac ER 400 MG TAB ER 24H | Moved to lower tier - Tier 3 | |
| Etodolac ER 500 MG TAB ER 24H | Moved to lower tier - Tier 3 | |
| Etodolac ER 600 MG TAB ER 24H | Moved to lower tier - Tier 3 | |
| Flurbiprofen 50 MG TAB | Added to formulary - Tier 2 | |
| IBU 400 MG TAB | Moved to lower tier - Tier 1 | |
| Ibuprofen 400 MG TAB | Moved to lower tier - Tier 1 | |
| Ibuprofen 600 MG TAB | Moved to lower tier - Tier 1 | |
| IBU 600 MG TAB | Moved to lower tier - Tier 1 | |
| Ibuprofen 800 MG TAB | Moved to lower tier - Tier 1 | |
| IBU 800 MG TAB | Moved to lower tier - Tier 1 | |
| Ibuprofen 100 MG/5ML SUSPENSION | Added to formulary - Tier 2 | |
| Indomethacin ER 75 MG CAP ER | Added to formulary - Tier 3 | |
| Meloxicam 7.5 MG TAB | Moved to lower tier - Tier 1 | |
| Meloxicam 15 MG TAB | Moved to lower tier - Tier 1 | |
| Naproxen 250 MG TAB | Moved to lower tier - Tier 1 | |
| Naproxen 375 MG TAB | Moved to lower tier - Tier 1 | |
| Naproxen 500 MG TAB | Moved to lower tier - Tier 1 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Naproxen Sodium 275 MG TAB | Added to formulary - Tier 3 | |
| Naproxen Sodium 550 MG TAB | Added to formulary - Tier 3 | |
| Oxaprozin 600 MG TAB | Added to formulary - Tier 4 | |
| Humira (2 Pen) 40 MG/0.8ML PEN KIT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |
| Humira-Ps/UV/Adol HS Starter 40 MG/0.8ML PEN KIT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |
| Humira-CD/UC/HS Starter 40 MG/0.8ML PEN KIT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |
| Humira (2 Pen) 40 MG/0.4ML PEN KIT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |
| Humira Pen 80 MG/0.8ML PEN KIT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |

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| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Humira Pen-CD/UC/HS Starter 80 MG/0.8ML PEN KIT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |
| Humira-Ped>=40kg UC Starter 80 MG/0.8ML PEN KIT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |
| Humira Pen-Psor/Uveit Starter 80 MG/0.8ML & 40MG/0.4ML PEN KIT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |
| Humira 10 MG/0.1ML PREF SY KT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |
| Humira 20 MG/0.2ML PREF SY KT | Removed from formulary (drug list) | Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution |
| 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 |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| 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 |
| Allopurinol 100 MG TAB | Moved to lower tier - Tier 1 | |
| Allopurinol 300 MG TAB | Moved to lower tier - Tier 1 | |
| Febuxostat 40 MG TAB | Added to formulary - Tier 4 | Allopurinol 100mg, 300 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Febuxostat 80 MG TAB | Added to formulary - Tier 4 | Allopurinol 100mg, 300 mg tablet |
| clonazepam 0.125 MG TAB DISP | Moved to higher tier - Tier 3 | Clonazepam 0.5 mg, 1 mg, 2 mg tablet |
| clonazepam 0.25 MG TAB DISP | Moved to higher tier - Tier 3 | Clonazepam 0.5 mg, 1 mg, 2 mg tablet |
| clonazepam 0.5 MG TAB DISP | Moved to higher tier - Tier 3 | Clonazepam 0.5 mg, 1 mg, 2 mg tablet |
| clonazepam 1 MG TAB DISP | Moved to higher tier - Tier 3 | Clonazepam 0.5 mg, 1 mg, 2 mg tablet |
| clonazepam 2 MG TAB DISP | Moved to higher tier - Tier 3 | Clonazepam 0.5 mg, 1 mg, 2 mg tablet |
| Nayzilam 5 MG/0.1ML SOLUTION | Moved to lower tier - Tier 4 | |
| Xcopri (250 MG Daily Dose) 50 & 200 MG TAB THPK | Removed from formulary (drug list) | Felbamate 400 mg, 600 mg tablet; 600 mg/5 ml suspension |
| Peganone 250 MG TAB | Removed from formulary (drug list) | Phenytoin Sodium Extended 100 mg, 200 mg, 300 mg capsule |
| Dilantin Infatabs 50 MG CHEW TAB | Removed from formulary (drug list) | Phenytoin 50 mg chewable tablet |
| Dilantin 30 MG CAP | Removed from formulary (drug list) | Phenytoin 50 mg chewable tablet |
| Dilantin 100 MG CAP | Removed from formulary (drug list) | Phenytoin Sodium Extended 100 mg capsule |
| Entacapone 200 MG TAB | Moved to higher tier - Tier 4 | Carbidopa-Levodopa 10-100 mg, 25-100 mg, 25-250 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Bromocriptine Mesylate 5 MG CAP | Moved to higher tier - Tier 4 | Carbidopa-Levodopa 10-100 mg, 25-100 mg, 25-250 mg tablet |
| Bromocriptine Mesylate 2.5 MG TAB | Moved to higher tier - Tier 4 | Carbidopa-Levodopa 10-100 mg, 25-100 mg, 25-250 mg tablet |
| ROPINIRole HCl ER 2 MG TAB ER 24H | Added to formulary - Tier 4 | |
| ROPINIRole HCl ER 4 MG TAB ER 24H | Added to formulary - Tier 4 | |
| ROPINIRole HCl ER 6 MG TAB ER 24H | Added to formulary - Tier 4 | |
| ROPINIRole HCl ER 8 MG TAB ER 24H | Added to formulary - Tier 4 | |
| ROPINIRole HCl ER 12 MG TAB ER 24H | Added to formulary - Tier 4 | |
| Methocarbamol 500 MG TAB | Moved to higher tier - Tier 3 | Baclofen 5 mg, 10 mg tablet; Cyclobenzaprine 5 mg tablet; Tizanidine Hcl 2mg, 4 mg tablet |
| Methocarbamol 750 MG TAB | Moved to higher tier - Tier 3 | Baclofen 5 mg, 10 mg tablet; Cyclobenzaprine 5 mg tablet; Tizanidine Hcl 2mg, 4 mg tablet |
| Guanidine HCl 125 MG TAB | Removed from formulary (drug list) | Drug discontinued |
| Pyridostigmine Bromide ER 180 MG TAB ER | Added to formulary - Tier 4 | Pyridostigmine Bromide 60 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Pyridostigmine Bromide 60 MG/5ML SOLUTION | Added to formulary - Tier 4 | |
| Taron-Prex 30-1.2-265 MG CAP | Removed from formulary (drug list) | Prenaissance 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 |
| TrophAmine 10 % SOLUTION | Removed from formulary (drug list) | Premasol 10 % solution |
| FreAmine III 10 % SOLUTION | Removed from formulary (drug list) | Aminosyn II 10 % solution; Premasol 10 % solution |
| Travasol 10 % SOLUTION | Removed from formulary (drug list) | Premasol 10 % solution |
| Aranesp (Albumin Free) 60 MCG/ML SOLUTION | Moved to lower tier - Tier 4 | |
| Cerdelga 84 MG CAP | Removed from formulary (drug list) | |
| Cerezyme 400 UNIT RECON SOLN | Removed from formulary (drug list) | |
| Yargesa 100 MG CAP | Removed from formulary (drug list) | |
| Miglustat 100 MG CAP | Removed from formulary (drug list) | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|---|
| Enoxaparin Sodium 300 MG/3ML SOLUTION | Moved to higher tier - Tier 4 | Heparin Sodium (Porcine) 5000 unit/ml, 1000 unit/ml, 20000 unit/ml solution |
| Enoxaparin Sodium 30 MG/0.3ML SOLN PRSYR | Moved to higher tier - Tier 4 | Heparin Sodium (Porcine) 5000 unit/ml, 1000 unit/ml, 20000 unit/ml solution |
| Enoxaparin Sodium 40 MG/0.4ML SOLN PRSYR | Moved to higher tier - Tier 4 | Heparin Sodium (Porcine) 5000 unit/ml, 1000 unit/ml, 20000 unit/ml solution |
| Enoxaparin Sodium 60 MG/0.6ML SOLN PRSYR | Moved to higher tier - Tier 4 | Heparin Sodium (Porcine) 5000 unit/ml, 1000 unit/ml, 20000 unit/ml solution |
| Enoxaparin Sodium 80 MG/0.8ML SOLN PRSYR | Moved to higher tier - Tier 4 | Heparin Sodium (Porcine) 5000 unit/ml, 1000 unit/ml, 20000 unit/ml solution |
| Enoxaparin Sodium 100 MG/ML SOLN PRSYR | Moved to higher tier - Tier 4 | Heparin Sodium (Porcine) 5000 unit/ml, 1000 unit/ml, 20000 unit/ml solution |
| Enoxaparin Sodium 120 MG/0.8ML SOLN PRSYR | Moved to higher tier - Tier 4 | Heparin Sodium (Porcine) 5000 unit/ml, 1000 unit/ml, 20000 unit/ml solution |
| Enoxaparin Sodium 150 MG/ML SOLN PRSYR | Moved to higher tier - Tier 4 | Heparin Sodium (Porcine) 5000 unit/ml, 1000 unit/ml, 20000 unit/ml solution |
| Warfarin Sodium 1 MG TAB | Moved to lower tier - Tier 1 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Jantoven 1 MG TAB | Moved to lower tier - Tier 1 | |
| Warfarin Sodium 2 MG TAB | Moved to lower tier - Tier 1 | |
| Jantoven 2 MG TAB | Moved to lower tier - Tier 1 | |
| Warfarin Sodium 2.5 MG TAB | Moved to lower tier - Tier 1 | |
| Jantoven 2.5 MG TAB | Moved to lower tier - Tier 1 | |
| Warfarin Sodium 3 MG TAB | Moved to lower tier - Tier 1 | |
| Jantoven 3 MG TAB | Moved to lower tier - Tier 1 | |
| Warfarin Sodium 4 MG TAB | Moved to lower tier - Tier 1 | |
| Jantoven 4 MG TAB | Moved to lower tier - Tier 1 | |
| Warfarin Sodium 5 MG TAB | Moved to lower tier - Tier 1 | |
| Jantoven 5 MG TAB | Moved to lower tier - Tier 1 | |
| Warfarin Sodium 6 MG TAB | Moved to lower tier - Tier 1 | |
| Jantoven 6 MG TAB | Moved to lower tier - Tier 1 | |
| Warfarin Sodium 7.5 MG TAB | Moved to lower tier - Tier 1 | |
| Jantoven 7.5 MG TAB | Moved to lower tier - Tier 1 | |
| Warfarin Sodium 10 MG TAB | Moved to lower tier - Tier 1 | |
| Jantoven 10 MG TAB | Moved to lower tier - Tier 1 | |
| Dabigatran Etexilate Mesylate 110 MG CAP | Removed from formulary (drug list) | Xarelto 2.5 mg, 10 mg, 15 mg, 20 mg tablet; Eliquis 2.5 mg, 5 mg tablet |
| Dipyridamole 25 MG TAB | Moved to higher tier - Tier 3 | Midodrine Hcl 2.5 mg, 5 mg, 10 mg tablet |
| Dipyridamole 50 MG TAB | Moved to higher tier - Tier 3 | Midodrine Hcl 2.5 mg, 5 mg, 10 mg tablet |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|---|
| Dipyridamole 75 MG TAB | Moved to higher tier - Tier 3 | Midodrine Hcl 2.5 mg, 5 mg, 10 mg tablet |
| Clopidogrel Bisulfate 75 MG TAB | Moved to lower tier - Tier 1 | |
| Trifluridine 1 % SOLUTION | Moved to higher tier - Tier 3 | |
| Xdemvy 0.25 % SOLUTION | Added to formulary - Tier 5 | |
| Timolol Maleate 0.25 % SOLUTION | Moved to lower tier - Tier 1 | |
| Timolol Maleate 0.5 % SOLUTION | Moved to lower tier - Tier 1 | |
| Timolol Maleate 0.25 % GEL F SOLN | Moved to higher tier - Tier 3 | Timolol Maleate 0.25 %, 0.5 % solution |
| Timolol Maleate 0.5 % GEL F SOLN | Moved to higher tier - Tier 3 | Timolol Maleate 0.25 %, 0.5 % solution |
| Maxidex 0.1 % SUSPENSION | Added to formulary - Tier 4 | |
| Difluprednate 0.05 % EMULSION | Added to formulary - Tier 4 | Loteprednol Etabonate 0.5 %, 0.2 % suspension |
| Fluorometholone 0.1 % SUSPENSION | Moved to lower tier - Tier 2 | |
| FML Forte 0.25 % SUSPENSION | Added to formulary - Tier 4 | |
| FML 0.1 % OINTMENT | Added to formulary - Tier 4 | |
| Zylet 0.5-0.3 % SUSPENSION | Added to formulary - Tier 3 | |
| Neomycin-Polymyxin-HC 3.5-10000-1 SUSPENSION | Added to formulary - Tier 4 | Neomycin-Polymyxin-Dexameth 3.5-10000-0.1 suspension; Neomycin-Bacitracin Zn-Polymyx ointment |
| Latanoprost 0.005 % SOLUTION | Moved to lower tier - Tier 1 | |
| Latanoprost 0.005 % SOLUTION | Moved to lower tier - Tier 1 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---------------------------------------|------------------------------------|---|
| Phospholine Iodide 0.125 % RECON SOLN | Removed from formulary (drug list) | Pilocarpine HCl 1 %, 2 %, 4% solution |
| Simbrinza 1-0.2 % SUSPENSION | Added to formulary - Tier 3 | |
| 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 |
| Ciprofloxacin HCl 0.2 % SOLUTION | Moved to lower tier - Tier 3 | Ciprofloxacin 250 mg, 500 mg tablet |
| Cipro HC 0.2-1 % SUSPENSION | Added to formulary - Tier 4 | |
| Cevimeline HCl 30 MG CAP | Added to formulary - Tier 4 | Hydroxychloroquine Sulfate 100 mg, 200 mg, 300 mg, 400 mg tablet |
| Pilocarpine HCl 5 MG TAB | Moved to higher tier - Tier 3 | |
| Pilocarpine HCl 7.5 MG TAB | Moved to higher tier - Tier 3 | |
| Cortifoam 10 % FOAM | Added to formulary - Tier 4 | |
| Adapalene 0.1 % CREAM | Added to formulary - Tier 4 | Clindamycin Phos-Benzoyl Perox 1.2-5 % gel |
| Adapalene 0.1 % GEL | Removed from formulary (drug list) | Adapalene 0.1% cream |
| Myorisan 30 MG CAP | Removed from formulary (drug list) | Isotretinoin 30 MG capsule |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Accutane 30 MG CAP | Removed from formulary (drug list) | Isotretinoin 30 MG capsule |
| Avita 0.025 % CREAM | Removed from formulary (drug list) | Tretinoin 0.025 % cream |
| Tretinoin 0.025 % CREAM | Moved to higher tier - Tier 4 | |
| Tretinoin 0.05 % CREAM | Moved to higher tier - Tier 4 | |
| Tretinoin 0.1 % CREAM | Moved to higher tier - Tier 4 | |
| Tretinoin 0.01 % GEL | Moved to higher tier - Tier 4 | |
| Avita 0.025 % GEL | Removed from formulary (drug list) | Tretinoin 0.025 % cream |
| Tretinoin 0.025 % GEL | Moved to higher tier - Tier 4 | Tretinoin 0.025 % cream |
| Clindacin-P 1 % SWAB | Removed from formulary (drug list) | Clindamycin Phosphate 1% solution |
| Clindacin ETZ 1 % SWAB | Removed from formulary (drug list) | Clindamycin Phosphate 1% solution |
| Benzoyl Peroxide-Erythromycin 5-3 % GEL | Added to formulary - Tier 4 | Clindamycin Phos-Benzoyl Perox 1.2-5 % gel |
| Clindamycin Phos-Benzoyl Perox 1-5 % GEL | Added to formulary - Tier 4 | Clindamycin Phosphate-Benzoyl Peroxide 1.2-5% gel |
| Clindamycin Phos-Benzoyl Perox 1.2-5 % GEL | Added to formulary - Tier 3 | |
| Ciclopirox 0.77 % GEL | Added to formulary - Tier 4 | |
| Ciclopirox 1 % SHAMPOO | Added to formulary - Tier 4 | Ketoconazole 2 % shampoo |
| Nystop 100000 UNIT/GM POWDER | Removed from formulary (drug list) | Nystatin 100000 unit/gm cream |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|------------------------------------|---|
| Nyamyc 100000 UNIT/GM POWDER | Removed from formulary (drug list) | Nystatin 100000 unit/gm cream |
| Nystatin 100000 UNIT/GM POWDER | Removed from formulary (drug list) | Nystatin 100000 unit/gm cream |
| Klayesta 100000 UNIT/GM POWDER | Removed from formulary (drug list) | Nystatin 100000 unit/gm cream |
| Calcipotriene 0.005 % CREAM | Moved to lower tier - Tier 3 | |
| Calcitrene 0.005 % OINTMENT | Moved to lower tier - Tier 3 | |
| Calcipotriene 0.005 % OINTMENT | Moved to lower tier - Tier 3 | |
| Calcitriol 3 MCG/GM OINTMENT | Added to formulary - Tier 4 | |
| Vectical 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 |
| Methoxsalen Rapid 10 MG CAP | Added to formulary - Tier 5 | |
| 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 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| 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 | |
| Fluorouracil 5 % CREAM | Moved to higher tier - Tier 3 | Fluorouracil 5 % solution |
| Sulfamylon 85 MG/GM CREAM | Removed from formulary (drug list) | Silver Sulfadiazine 1 % cream |
| Betamethasone Dipropionate Aug 0.05 % LOTION | Moved to higher tier - Tier 3 | Betamethasone Dipropionate Aug 0.05 % cream |
| Desoximetasone 0.25 % CREAM | Moved to lower tier - Tier 3 | Betamethasone Dipropionate Aug 0.05 % cream |
| Desoximetasone 0.25 % OINTMENT | Moved to lower tier - Tier 3 | |
| Fluocinolone Acetonide 0.01 % SOLUTION | Removed from formulary (drug list) | Fluocinonide 0.05 % solution |
| Fluocinolone Acetonide 0.01 % CREAM | Moved to higher tier - Tier 3 | Betamethasone Valerate 0.1 % cream, ointment, lotion; Mometasone Furoate 0.1 % cream, ointment, solution; Triamcinolone Acetonide 0.1 % cream, ointment, lotion |

Effective 1/1/2025

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

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Hydrocortisone Valerate 0.2 % OINTMENT | Removed from formulary (drug list) | Mometasone Furoate 0.1% cream, ointment; Triamcinolone Acetonide 0.1 % cream; 0.1 % ointment |
| Hydrocortisone Butyrate 0.1 % SOLUTION | Removed from formulary (drug list) | Triamcinolone Acetonide 0.1 % cream; 0.5 % cream |
| Hydrocortisone Butyrate 0.1 % SOLUTION | Removed from formulary (drug list) | Triamcinolone Acetonide 0.1 % cream; 0.5 % cream |
| Triamcinolone Acetonide 0.025 % LOTION | Moved to lower tier - Tier 2 | |
| Calcipotriene-Betameth Diprop 0.005-0.064 % SUSPENSION | Added quantity limit | |
| Taclonex 0.005-0.064 % SUSPENSION | Added quantity limit | |
| Enstilar 0.005-0.064 % FOAM | Added quantity limit | |
| Calcipotriene-Betameth Diprop 0.005-0.064 % OINTMENT | Added quantity limit | |
| Taclonex 0.005-0.064 % OINTMENT | Added quantity limit | |
| Tacrolimus 0.03 % OINTMENT | Moved to higher tier - Tier 4 | Triamcinolone Acetonide 0.025 % ointment, 0.1 % ointment, 0.5% ointment Triamcinolone Acetonide 0.1 % OINTMENT Triamcinolone Acetonide 0.5 % OINTMENT |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|---|
| Tacrolimus 0.1 % OINTMENT | Moved to higher tier - Tier 4 | Triamcinolone Acetonide 0.025 % ointment, 0.1 % ointment, 0.5% ointment Triamcinolone Acetonide 0.1 % OINTMENT Triamcinolone Acetonide 0.5 % OINTMENT |
| Lidocaine 5 % PATCH | Moved to lower tier - Tier 3 | |
| Lidocan 5 % PATCH | Moved to lower tier - Tier 3 | |
| Lindane 1 % SHAMPOO | Removed from formulary (drug list) | Permethrin 5 % cream |
| Regranex 0.01 % GEL | Removed from formulary (drug list) | Metronidazole 0.75 % GEL |
| Deferasirox 90 MG TAB | Removed from formulary (drug list) | Deferasirox 125 mg tablet solution |
| Deferasirox 180 MG TAB | Removed from formulary (drug list) | Deferasirox 250 mg, 500 mg tablet solution |
| Deferasirox 360 MG TAB | Removed from formulary (drug list) | Deferasirox 250 mg, 500 mg tablet solution |
| Chemet 100 MG CAP | Added to formulary - Tier 5 | |
| Kmart Valu Insulin Syringe 30G U-100 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Kmart Valu Insulin Syringe 29G U-100 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Kmart Valu Insulin Syringe 30G U-100 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe U-100 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe U-100 1 ML MISC | Moved to higher tier - Tier 3 | |
| Kmart Valu Insulin Syringe 29G U-100 1 ML MISC | Moved to higher tier - Tier 3 | |
| Kmart Valu Insulin Syringe 30G U-100 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe Ultrafine 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Precision SureDose Plus Syr 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Ultra Com Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Kroger Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| VP Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| EQL Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Ultra Comfort Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| TopCare Ultra Comfort Ins Syr 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Magellan Insulin Safety Syr 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| Comfort EZ Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Exel Comfort Point Insulin Syr 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD SafetyGlide Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 29G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Comfort Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Medic Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Ultilet Insulin Syringe Short 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Ins Syr Short 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Kroger Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ulficare Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Precision Sure-Dose Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| EQL Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Ultra Comfort Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| SafeSnap Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GlucoPro Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| TopCare Ultra Comfort Ins Syr 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Magellan Insulin Safety Syr 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Ultra Com Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Exel Comfort Point Insulin Syr 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Global Insulin Syringes 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| MM Insulin Syringe/Needle 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| HealthWise Insulin Syr/Needle 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syr 1/2 Unit 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringes 30Gx5/16" 30G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe Ultrafine 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Sure Comfort Insulin Syringe 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GlucoPro Insulin Syringe 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| CareOne Insulin Syringe 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Global Insulin Syringes 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe Short 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe U/F 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Ultra Flo Insulin Syr 1/2 Unit 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| UltrGuard SafePack Syr/Needle 30G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe/Needle 27G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 27G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 27G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Maxicomfort syr 27G x 1/2" 27G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Precision Sure-Dose Syringe 30G X 3/8" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syr Ultrafine II 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| ReliOn Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Kinray Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| MS Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Kroger Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| EQL Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Ultra Comfort Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Longs Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe Ultrafine 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Ins Syr Short 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GlucoPro Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Prodigy Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TopCare Ultra Comfort Ins Syr 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Fifty50 Superior Comfort Syr 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| FreeStyle Precision Ins Syr 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| TRUEplus Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe Short 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| CareOne Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| MM Insulin Syringe/Needle 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Pro Comfort Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe U/F 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| HealthWise Insulin Syr/Needle 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| True Comfort Pro Insulin Syr 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| UltiGuard SafePack Syr/Needle 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| CareTouch Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| DropSafe Safety Syringe/Needle 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Verifine Insulin Syringe 31G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 28G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe MicroFine 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe/Needle 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Insulin Syringe-Needle U-100 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Precision Sure-Dose Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Reality Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Ultra Comfort Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Ultra Com Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Maxi-Comfort Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| UltiCare Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Exel Comfort Point Insulin Syr 28G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 29G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe Ultrafine 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Kinray Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Insulin Syringe-Needle U-100 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Precision Sure-Dose Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Reality Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Ultra Com Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Kroger Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Value Health Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| ReliOn Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| BD Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| RA Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| EQL Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD SafetyGlide Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Ultra Comfort Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| SafeSnap Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| SB Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| TopCare Ultra Comfort Ins Syr 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Magellan Insulin Safety Syr 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| UftiCare Insulin Safety Syr 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Assure ID Insulin Safety Syr 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Safety Syr 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Exel Comfort Point Insulin Syr 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Safety Insulin Syringes 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| SecureSafe Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringes 29Gx1/2" 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Verifine Insulin Syringe 29G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Medic Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Monobject Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe Short 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Ins Syr Short 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Elite-Thin Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Kroger Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| EQL Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD SafetyGlide Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| RA Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Easy Comfort Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Ultra Comfort Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| SafeSnap Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GlucoPro Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| SB Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TopCare Ultra Comfort Ins Syr 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| FreeStyle Precision Ins Syr 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Magellan Insulin Safety Syr 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Easy Touch Insulin Safety Syr 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Exel Comfort Point Insulin Syr 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Safety Insulin Syringes 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| VanishPoint Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| MM Insulin Syringe/Needle 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Pro Comfort Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| HealthWise Insulin Syr/Needle 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| True Comfort Pro Insulin Syr 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| CareTouch Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| ZevRx Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| AQ Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Insulin Syringe 30G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe Ultrafine 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| GlucoPro Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| PX Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| VanishPoint Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Global Inject Ease Insulin Syr 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| CareOne Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Pro Comfort Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe U/F 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| UltiGuard SafePack Syr/Needle 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pro Insulin Syr 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| ZevRx Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Insulin Syringe 30G X 1/2" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe 25G X 5/8" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe 25G X 5/8" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD SafetyGlide Insulin Syringe 31G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| ReliOn Insulin Syringe 31G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 31G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 31G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Veo Insulin Syringe U/F 31G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 31G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| Global Easy Glide Insulin Syr 31G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Veo Insulin Syr U/F 1/2Unit 31G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| DropSafe Safety Syringe/Needle 31G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 31G X 1/4" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 31G X 1/4" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 31G X 1/4" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 31G X 1/4" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syr 1/2 Unit 31G X 1/4" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe 25G X 1" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 31G X 1/4" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 31G X 1/4" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 31G X 1/4" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Insulin Syringe-Needle U-100 31G X 1/4" 1 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 31G X 1/4" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 31G X 1/4" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 31G X 1/4" 1 ML MISC | Moved to higher tier - Tier 3 | |
| VanishPoint Insulin Syringe 30G X 3/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe 26G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Insulin Syringe 31G X 1/2" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Insulin Syringe 32G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pro Insulin Syr 32G X 5/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Insulin Syringe 32G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pro Insulin Syr 32G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Insulin Syringe 32G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Monoject Insulin Syringe 27G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 27G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe 27G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 27G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Maxicomfort syr 27G x 1/2" 27G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| VanishPoint Insulin Syringe 30G X 3/16" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 30G X 15/64" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe MicroFine 27G X 5/8" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 27G X 5/8" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 30G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 30G X 15/64" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 28G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| CareTouch Insulin Syringe 28G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe MicroFine 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe/Needle 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Precision Sure-Dose Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Reality Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Ultra Com Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Preferred Plus Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Ultra Comfort Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Maxi-Comfort Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| SafeSnap Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Prodigy Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Exel Comfort Point Insulin Syr 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringes 28Gx1/2" 28G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe Ultrafine 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Safety-Lok Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Precision SureDose Plus Syr 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Reality Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Ultra Com Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Value Health Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Kroger Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| VanishPoint Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| RA Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| EQL Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Easy Touch Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Safety Syr 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Ultra Comfort Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| SafeSnap Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| SB Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TopCare Ultra Comfort Ins Syr 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Magellan Insulin Safety Syr 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ulficare Insulin Safety Syr 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Assure ID Insulin Safety Syr 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Comfort EZ Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Exel Comfort Point Insulin Syr 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch FlipLock Insulin Sy 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch SheathLock Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Safety Insulin Syringes 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| SecureSafe Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringes 29Gx1/2" 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| AQ Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| DropSafe Safety Syringe/Needle 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Verifine Insulin Syringe 29G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 29G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| VanishPoint Insulin Syringe 29G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| CareTouch Insulin Syringe 29G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe Short 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Ins Syr Short 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Kroger Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| EQL Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| RA Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GlucoPro Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| SB Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TopCare Ultra Comfort Ins Syr 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| FreeStyle Precision Ins Syr 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Magellan Insulin Safety Syr 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Exel Comfort Point Insulin Syr 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch FlipLock Insulin Sy 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch SheathLock Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| VanishPoint Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Ultilet Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| MM Insulin Syringe/Needle 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Pro Comfort Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| HealthWise Insulin Syr/Needle 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pro Insulin Syr 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| CareTouch Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| ZevRx Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringes 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| True Comfort Insulin Syringe 30G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe U/F 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| UltiCare Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Safety Syr 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GlucoPro Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| CareOne Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Easy Touch FlipLock Insulin Sy 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch SheathLock Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Safety Insulin Syringes 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Pro Comfort Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| HM UltiCare Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| UltiGuard SafePack Syr/Needle 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pro Insulin Syr 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| ZevRx Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Insulin Syringe 30G X 1/2" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| ReliOn Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Kinray Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| MS Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Kroger Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| EQL Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Easy Touch Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Glucopro Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| SB Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TopCare Ultra Comfort Ins Syr 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Fifty50 Superior Comfort Syr 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| FreeStyle Precision Ins Syr 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| Advocate Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Ins Syr Short 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe Short 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| CareOne Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch FlipLock Insulin Sy 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch SheathLock Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| MM Insulin Syringe/Needle 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Pro Comfort Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe U/F 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| HealthWise Insulin Syr/Needle 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pro Insulin Syr 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| UltiGuard SafePack Syr/Needle 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| CareTouch Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| AQ Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| DropSafe Safety Syringe/Needle 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Verifine Insulin Syringe 31G X 5/16" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe-Needle U-100 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Elite-Thin Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syr Ultrafine II 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe Half-Unit 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| ReliOn Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD SafetyGlide Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Kinray Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Leader Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| MS Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Kroger Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Sure Comfort Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| EQL Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Monoject Ultra Comfort Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Litetouch Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Sure-Ject Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe U/F 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Ins Syr Short 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| HM UltiCare Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GlucoPro Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Prodigy Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| TopCare Ultra Comfort Ins Syr 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Global Inject Ease Insulin Syr 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Fifty50 Superior Comfort Syr 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe Short 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| CareOne Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Comfort Assist Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Global Easy Glide Insulin Syr 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| MM Insulin Syringe/Needle 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| TechLITE Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe U/F 1/2Unit 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| UftiCare Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultracare Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| HealthWise Insulin Syr/Needle 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Syr 1/2 Unit 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| UftiGuard SafePack Syr/Needle 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| CareTouch Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| GNP Insulin Syringes 31Gx5/16" 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| DropSafe Safety Syringe/Needle 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Verifine Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Insulin Syringe 31G X 5/16" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe 27.5G X 5/8" 2 ML MISC | Moved to higher tier - Tier 3 | |
| ReliOn Insulin Syringe 31G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Insulin Syringe 31G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 31G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD SafetyGlide Insulin Syringe 31G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD Veo Insulin Syringe U/F 31G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 31G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Global Easy Glide Insulin Syr 31G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| Assure ID Insulin Safety Syr 31G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| DropSafe Safety Syringe/Needle 31G X 15/64" 0.5 ML MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| Insulin Syringe 29G X 1" 0.3 ML MISC | Moved to higher tier - Tier 3 | |
| ReliOn Insulin Syringe 31G X 15/64" 1 ML MISC | Moved to higher tier - Tier 3 | |
| TechLITE Insulin Syringe 31G X 15/64" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD SafetyGlide Insulin Syringe 31G X 15/64" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Veo Insulin Syringe U/F 31G X 15/64" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Droplet Insulin Syringe 31G X 15/64" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Global Easy Glide Insulin Syr 31G X 15/64" 1 ML MISC | Moved to higher tier - Tier 3 | |
| Assure ID Insulin Safety Syr 31G X 15/64" 1 ML MISC | Moved to higher tier - Tier 3 | |
| DropSafe Safety Syringe/Needle 31G X 15/64" 1 ML MISC | Moved to higher tier - Tier 3 | |
| BD Insulin Syringe U-500 31G X 6MM 0.5 ML MISC | Moved to higher tier - Tier 3 | |
| BD AutoShield 29G X 5MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Safety Pen Needles 29G X 5MM MISC | Moved to higher tier - Tier 3 | |
| Maxi-Comfort Safety Pen Needle 29G X 5MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| BD AutoShield 29G X 8MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Safety Pen Needles 29G X 8MM MISC | Moved to higher tier - Tier 3 | |
| Maxi-Comfort Safety Pen Needle 29G X 8MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Pen Needles 29G X 10MM MISC | Moved to higher tier - Tier 3 | |
| TechLite Pen Needles 29G X 10MM MISC | Moved to higher tier - Tier 3 | |
| Kroger Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Meijer Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| PC Unifine Pentips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Unifine Pentips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| PX Pen Needle 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Medicine Shoppe Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Aurora Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Easy Touch Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| QC Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| ValuMark Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| HealthWise Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| ReliOn Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Drug Mart Unifine Pentips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Today's Health Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Vida Mia Unifine Pentips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Global Ease Inject Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Healthy Accents Unifine Pentip 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Shopko Unifine Pentips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips Plus 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips Plus 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| CareFine Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips Plus 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Clever Choice Comfort EZ 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Exel Comfort Point Pen Needle 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Shopko Unifine Pentips Plus 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| TechLite Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Marathon Medical Pentips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| CareTouch Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| PenTips 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Raya Sure Pen Needle 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Embrace Pen Needles 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| Verifine Insulin Pen Needle 29G X 12MM MISC | Moved to higher tier - Tier 3 | |
| BD Pen Needle Original U/F 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |
| Sure-Fine Pen Needles 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Pen Needles 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |
| Litetouch Pen Needles 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Pen Needles 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| UltiCare Pen Needles 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Pen Needles 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Pen Needle 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus 5-Bevel Pen Needles 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |
| UltiGuard SafePack Pen Needle 29G X 12.7MM MISC | Moved to higher tier - Tier 3 | |
| BD AutoShield Duo 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips Plus 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Pen Needles 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine SafeControl Pen Needle 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| UltiCare Mini Pen Needles 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Embrace Pen Needles 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Assure ID Pro Pen Needles 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine PROtect Pen Needle 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Assure ID Safety Pen Needles 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Safety Pen Needles 30G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Pen Needles 30G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Ultrafin 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 5/16" 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| CareFine Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine SafeControl Pen Needle 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| AboutTime Pen Needle 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| UltiCare Short Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| NovoFine Autocover Pen Needle 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Embrace Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pro Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine PROtect Pen Needle 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Assure ID Safety Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Safety Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| SecureSafe Safety Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Safety Pen Needles 30G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Exel Comfort Point Pen Needle 31G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 31G X 4 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Raya Sure Pen Needle 31G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pro Pen Needles 31G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Safety Pen Needle 31G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Insulin Safety Pen Needle 31G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| BD Pen Needle Mini U/F 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Sure-Fine Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| RA Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 3/16" 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Fifty50 Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Mini Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Comfort EZ Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Global Ease Inject Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Healthy Accents Unifine Pentip 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Leader Unifine Pentips Plus 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| PC Unifine Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Unifine Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Drug Mart Unifine Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Leader Unifine Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| Aurora Unifine Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Wegmans Unifine Pentips Plus 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Shopko Unifine Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips Plus 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips Plus 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Fred's Pharmacy Unifine Pentip+ 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| PX Mini Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips Plus 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| PenTips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| TechLite Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Droplet Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Shopko Unifine Pentips Plus 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| CareTouch Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Marathon Medical Pentips 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| UltiCare Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| MM Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Ultracare Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus 5-Bevel Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| GoodSense Clickfine Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| GoodSense Pen Needle Penfine 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| HealthWise Short Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Litetouch Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Clickfine Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Kroger Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| UltiGuard SafePack Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| AboutTime Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Diathrive Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| HM UltiCare Mini Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pro Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| GNP UltiCare Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Unifine Pentip 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Ultra Flo Insulin Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| ZevRx Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Ultra Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| GNP UltiGuard SafePack Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Raya Sure Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Pip Pen Needles 31G x 5MM 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Embrace Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| AQInject Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Verifine Insulin Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pro Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Verifine Plus Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Assure ID Duo Pro Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine SafeControl Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Assure ID Safety Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| DropSafe Safety Pen Needles 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Safety Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Insulin Safety Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Pure Comfort Safety Pen Needle 31G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Meijer Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| UltiCare Mini Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| PC Unifine Pentips 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Medicine Shoppe Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Preferred Plus Unifine Pentips 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Aurora Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Ultrafin 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| ReliOn Mini Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Clickfine Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Kroger Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| PX Extra Short Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| GNP Clickfine Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| QC Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| ValuMark Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| 1st Tier Unifine Pentips 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| HealthWise Mini Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| TopCare Clickfine Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Drug Mart Unifine Pentips 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Today's Health Mini Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Vida Mia Unifine Pentips 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Healthy Accents Unifine Pentip 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Wegmans Unifine Pentips Plus 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Litetouch Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips Plus 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| CareOne Unifine Pentips Plus 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| CareFine Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips Plus 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| TechLite Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| ReliOn Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Exel Comfort Point Pen Needle 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| CareTouch Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| MM Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| UltiCare Micro Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| True Comfort Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Ultracare Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus 5-Bevel Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Maxicomfort II Pen Needle 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| UltiGuard SafePack Pen Needle 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Microdot Pen Needle 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Diathrive Pen Needle 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pro Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Unifine Pentip 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| ZevRx Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Prevent DropSafe Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Unifine Ultra Pen Needle 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| PenTips 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| InControl UltiCare Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Raya Sure Pen Needle 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Embrace Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine SafeControl Pen Needle 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| DropSafe Safety Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Prevent Safety Pen Needles 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Pure Comfort Safety Pen Needle 31G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| BD Pen Needle Short U/F 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| ReliOn Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 5/16" 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Kroger Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Meijer Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| UltiCare Short Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| PC Unifine Pentips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Unifine Pentips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| PX Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Medicine Shoppe Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Aurora Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Ultrafin 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Sure-Fine Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Ultra-Thin II Pen Needle Short 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| RA Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Clickfine Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| GNP Clickfine Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| QC Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| ValuMark Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| HealthWise Short Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| ReliOn Short Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| TopCare Clickfine Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Drug Mart Unifine Pentips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Today's Health Short Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips Plus 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Fifty50 Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| PX Shortlength Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Vida Mia Unifine Pentips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Global Ease Inject Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Litetouch Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Healthy Accents Unifine Pentip 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Leader Unifine Pentips Plus 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|-------------|
| Advocate Insulin Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Wegmans Unifine Pentips Plus 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Shopko Unifine Pentips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips Plus 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Fred's Pharmacy Unifine Pentip+ 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| CareFine Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips Plus 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| TechLite Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| UltiCare Micro Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Exel Comfort Point Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Shopko Unifine Pentips Plus 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| CareTouch Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Pro Comfort Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Marathon Medical Pentips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| MM Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| HM UltiCare Short Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Ultracare Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus 5-Bevel Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Short Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| GoodSense Pen Needle Penfine 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| UltiGuard SafePack Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| AboutTime Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Diathrive Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| GNP UltiCare Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Unifine Pentip 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| ZevRx Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Prevent DropSafe Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Ultra Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| GNP UltiGuard SafePack Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| PenTips 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| InControl UltiCare Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Raya Sure Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Embrace Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Verifine Insulin Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Verifine Plus Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine SafeControl Pen Needle 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| DropSafe Safety Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Prevent Safety Pen Needles 31G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| BD Pen Needle Nano U/F 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| UltiCare Micro Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Clickfine Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| 1st Tier Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Leader Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Aurora Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Preferred Plus Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Drug Mart Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| QC Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| ReliOn Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Global Ease Inject Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| HealthWise Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Vida Mia Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Healthy Accents Unifine Pentip 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Shopko Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips Plus 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips Plus 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Leader Unifine Pentips Plus 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Wegmans Unifine Pentips Plus 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips Plus 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Freds Pharmacy Unifine Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Ulfilet Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Drug Mart Unifine Pentips Plus 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| CareFine Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Fifty50 Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| TechLite Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Unifine Pentip 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Shopko Unifine Pentips Plus 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Global Easy Glide Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| CareTouch Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Pro Comfort Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| Marathon Medical Pentips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| MM Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Ultracare Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| TRUEplus 5-Bevel Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Micro Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| GoodSense Pen Needle Penfine 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| HealthWise Micron Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Litetouch Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| BD Pen Needle Nano 2nd Gen 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Ultra Thin Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Kroger Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| UltiGuard SafePack Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Pure Comfort Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Microdot Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| AboutTime Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Diathrive Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| GNP UltiCare Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pro Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| ZevRx Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| NovoFine Plus Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Unifine Ultra Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| GNP UltiGuard SafePack Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Mini Insulin Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| AUM ReadyGard Duo Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| PenTips 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine SafeControl Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| InControl UltiCare Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Pip Pen Needles 32G x 4MM 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Embrace Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Verifine Insulin Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| AQInject Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Verifine Plus Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|-------------|
| Unifine PROtect Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| TechLite Plus Pen Needles 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Pure Comfort Safety Pen Needle 32G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Pen Needles 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| CareFine Pen Needles 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Pen Needles 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Pro Comfort Pen Needles 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| CareTouch Pen Needles 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Ultracare Pen Needles 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Pure Comfort Pen Needle 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| True Comfort Pen Needles 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| NovoTwist Pen Needle 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Mini Insulin Pen Needle 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Pen Needle 32G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Novofine Pen Needle 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Sensitive 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Touch Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| CareFine Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Sure Comfort Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Fifty50 Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| TechLite Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Pro Comfort Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| BD Pen Needle Micro U/F 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Ultracare Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| UltiCare Mini Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| GoodSense Pen Needle Penfine 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| UltiGuard SafePack Pen Needle 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Pure Comfort Pen Needle 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| GNP UltiCare Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| True Comfort Pen Needles 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| GNP UltiGuard SafePack Needle 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Mini Insulin Pen Needle 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Pentips 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Pen Needle 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Verifine Insulin Pen Needle 32G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Sensitive 32G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 32G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| TechLite Pen Needles 32G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Pen Needles 32G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Pure Comfort Pen Needle 32G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 32G X 8 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|---|-------------------------------|--------------------|
| AUM Mini Insulin Pen Needle 32G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Insupen Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Clever Choice Comfort EZ 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Advocate Insulin Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Glide Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Unifine Pentips Plus 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Ultracare Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips Plus 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| 1st Tier Unifine Pentips 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Kroger Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Microdot Pen Needle 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| CareOne Unifine Pentips Plus 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| H-E-B inControl Unifine Pentip 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Ultra Flo Insulin Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Mini Insulin Pen Needle 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| CareTouch Pen Needles 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Pen Needle 33G X 4 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 33G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Pen Needles 33G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 33G X 5 MM MISC | Moved to higher tier - Tier 3 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|-------------------------------|--------------------|
| True Comfort Pen Needles 33G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Mini Insulin Pen Needle 33G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Pen Needle 33G X 5 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 33G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Easy Comfort Pen Needles 33G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort Touch Insulin Pen Need 33G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| True Comfort Pen Needles 33G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Mini Insulin Pen Needle 33G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| AUM Pen Needle 33G X 6 MM MISC | Moved to higher tier - Tier 3 | |
| Comfort EZ Pen Needles 33G X 8 MM MISC | Moved to higher tier - Tier 3 | |
| Droplet Micron 34G X 3.5 MM MISC | Moved to higher tier - Tier 3 | |
| cycloSPORINE 50 MG/ML SOLUTION | Moved to higher tier - Tier 4 | |

Effective 1/1/2025

| Drug Name | Description of Change | Alternative |
|--|------------------------------------|----------------------------|
| Mycophenolate Mofetil 200 MG/ML RECON SUSP | Moved to lower tier - Tier 4 | |
| Tacrolimus 0.5 MG CAP | Moved to higher tier - Tier 3 | |
| Tacrolimus 1 MG CAP | Moved to higher tier - Tier 3 | |
| Tacrolimus 5 MG CAP | Moved to higher tier - Tier 3 | |
| 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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