Blue Shield 65 Plus (HMO)

Formulary Updates:

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

Abbreviation Key:

Symbol	Name	Description
LA	Limited Access	This prescription may be available only at certain pharmacies.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
EDC	Enhanced Drug Coverage	This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug.

VAC	IRA Vaccine $0	This Part D vaccines is at no cost to you. Call Customer Service for more information.
INS	Covered Insulin	You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Drug Tier Key
Cost-Sharing Tier 1/ gen: Generic Drugs
Cost-Sharing Tier 2/ brd: Preferred Brand Drugs
Cost-Sharing Tier 3/ npd: Non-Preferred Drugs
Cost-Sharing Tier 4/ inj: Injectable Drugs
Cost-Sharing Tier 5/ spec: Specialty Tier Drugs

EFFECTIVE 1/1/2027

Drug Name	Description of Change	Alternative
Erythromycin Stearate 250 MG TAB	Added to formulary (drug list)-Tier 2	
Tobi Podhaler 28 MG CAP	Added to formulary (drug list)-Tier 5	
Tobramycin 300 MG/5ML Nebu Soln	Moved to a lower tier-Tier 3	
Tobramycin 300 MG/4ML Nebu Soln	Moved to a lower tier-Tier 3	
Pretomanid 200 MG TAB	Added to formulary (drug list)-Tier 3	
Xifaxan 200 MG TAB	Moved to a lower tier-Tier 2	
Xifaxan 550 MG TAB	Moved to a lower tier-Tier 2	
Daptomycin 350 MG Recon Soln	Moved to a lower tier-Tier 4	
Daptomycin 500 MG Recon Soln	Moved to a lower tier-Tier 4	
Erlotinib Hcl 25 MG TAB	Moved to a lower tier-Tier 1	
Erlotinib Hcl 100 MG TAB	Moved to a lower tier-Tier 1	

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Drug Name	**Description of Change**	**Alternative**
Erlotinib Hcl 150 MG TAB	Moved to a lower tier-Tier 1	
Abiraterone Acetate 250 MG TAB	Moved to a lower tier-Tier 3	
Pomalyst 1 MG CAP	Added to formulary (drug list)-Tier 5	
Pomalyst 2 MG CAP	Added to formulary (drug list)-Tier 5	
Pomalyst 3 MG CAP	Added to formulary (drug list)-Tier 5	
Pomalyst 4 MG CAP	Added to formulary (drug list)-Tier 5	
Venclexta 50 MG TAB	Moved to a lower tier-Tier 3	
Imatinib Mesylate 100 MG TAB	Moved to a lower tier-Tier 1	
Imatinib Mesylate 400 MG TAB	Moved to a lower tier-Tier 1	
Cavhanza 60 MG TAB Disp	Added to formulary (drug list)-Tier 5	
Cavhanza 80 MG TAB Disp	Added to formulary (drug list)-Tier 5	
Everolimus 2.5 MG TAB	Moved to a lower tier-Tier 3	
Everolimus 5 MG TAB	Moved to a lower tier-Tier 3	
Bexarotene 75 MG CAP	Moved to a lower tier-Tier 1	
Tarpeyo 4 MG CAP DR	Added to formulary (drug list)-Tier 5	
Solia 0.15-30 MG-MCG TAB	Added to formulary (drug list)-Tier 1	
Novolog Relion 100 Unit/ML Solution	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Novolog 100 Unit/ML Solution	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Insulin Aspart 100 Unit/ML Solution	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Novolog Flexpen Relion 100 Unit/ML Soln Pen	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Novolog Flexpen 100 Unit/ML Soln Pen	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Insulin Aspart Flexpen 100 Unit/ML Soln Pen	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Novolog Penfill 100 Unit/ML Soln Cart	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Insulin Aspart Penfill 100 Unit/ML Soln Cart	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Fiasp 100 Unit/ML Solution	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Fiasp Flextouch 100 Unit/ML Soln Pen	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Fiasp Penfill 100 Unit/ML Soln Cart	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Fiasp Pumpcart 100 Unit/ML Soln Cart	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Ozempic (0.25 Or 0.5 MG/Dose) 2 MG/1.5ML Soln Pen	Added to formulary (drug list)-Tier 2	
Januvia 25 MG TAB	Removed from formulary (drug list)	Sitagliptan Phosphate (Generic Januvia)
Sitagliptin Phosphate 25 MG TAB	Added to formulary (drug list)-Tier 1	
Januvia 50 MG TAB	Removed from formulary (drug list)	Sitagliptan Phosphate (Generic Januvia)
Sitagliptin Phosphate 50 MG TAB	Added to formulary (drug list)-Tier 1	
Januvia 100 MG TAB	Removed from formulary (drug list)	Sitagliptan Phosphate (Generic Januvia)
Sitagliptin Phosphate 100 MG TAB	Added to formulary (drug list)-Tier 1	
Bildyos 60 MG/ML Soln Prsyr	Moved to a higher tier-Tier 4	Alendronate TAB, Ibandronate TAB, Risedronate TAB
Xtrenbo 120 MG/1.7ML Solution	Added to formulary (drug list)-Tier 4	
Enoby 60 MG/ML Soln Prsyr	Added to formulary (drug list)-Tier 4	
Nisoldipine ER 8.5 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine, Felodipine ER, Nifedipine ER
Nisoldipine ER 17 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine, Felodipine ER, Nifedipine ER

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Nisoldipine ER 20 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine, Felodipine ER, Nifedipine ER
Nisoldipine ER 25.5 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine, Felodipine ER, Nifedipine ER
Nisoldipine ER 30 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine, Felodipine ER, Nifedipine ER
Nisoldipine ER 34 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine, Felodipine ER, Nifedipine ER
Nisoldipine ER 40 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine, Felodipine ER, Nifedipine ER
Droxidopa 200 MG CAP	Moved to a lower tier-Tier 3	
Droxidopa 300 MG CAP	Moved to a lower tier-Tier 3	
Ambrisentan 5 MG TAB	Moved to a lower tier-Tier 3	
Ambrisentan 10 MG TAB	Moved to a lower tier-Tier 3	
Sacubitril-Valsartan 24-26 MG TAB	Updated quantity limit	
Sacubitril-Valsartan 49-51 MG TAB	Moved to a lower tier -Tier 1	
Sacubitril-Valsartan 97-103 MG TAB	Moved to a lower tier -Tier 1	
Entresto 6-6 MG CAP Sprink	Removed from formulary (drug list)	Sacubitril-Valsartan TAB
Entresto 15-16 MG CAP Sprink	Removed from formulary (drug list)	Sacubitril-Valsartan TAB
Atrovent HFA 17 MCG/ACT Aero Soln	Removed from formulary (drug list)	Ipratropium Bromide HFA (Generic Atrovent)
Ipratropium Bromide HFA 17 MCG/ACT Aero Soln	Added to formulary (drug list)-Tier 1	
Fluticasone Furoate-Vilanterol 100-25 MCG/ACT Aer Pow Ba	Added to formulary (drug list)-Tier 2	
Fluticasone Furoate-Vilanterol 200-25 MCG/ACT Aer Pow Ba	Added to formulary (drug list)-Tier 2	
Xolair 75 MG/0.5ML Soln A-Inj	Moved to a lower tier-Tier 4	
Nucala 100 MG Recon Soln	Added to formulary (drug list)-Tier 5	
Nucala 100 MG/ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Nucala 40 MG/0.4ML Soln Prsyr	Added to formulary (drug list)-Tier 5	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Nucala 100 MG/ML Soln Prsyr	Added to formulary (drug list)-Tier 5	
Pirfenidone 267 MG CAP	Moved to a lower tier-Tier 1	
Pirfenidone 267 MG TAB	Moved to a lower tier-Tier 1	
Pirfenidone 801 MG TAB	Moved to a lower tier-Tier 1	
Ofev 100 MG CAP	Added to formulary (drug list)-Tier 5	
Ofev 150 MG CAP	Added to formulary (drug list)-Tier 5	
Bismuth/Metronidaz/Tetracyclin 140-125-125 MG CAP	Added to formulary (drug list)-Tier 1	
Bis Subcit-Metronid-Tetracyc 140-125-125 MG CAP	Added to formulary (drug list)-Tier 1	
Voquezna Dual Pak 500-20 MG Ther Pack	Added to formulary (drug list)-Tier 3	
Voquezna Triple Pak 500-500-20 MG Ther Pack	Added to formulary (drug list)-Tier 3	
Metoclopramide Hcl 5 MG TAB Disp	Removed from formulary (drug list)	Metoclopramide TAB, Oral Soln
Entyvio Pen 108 MG/0.68ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Tremfya 200 MG/20ML Solution	Added to formulary (drug list)-Tier 5	
Tremfya Pen 200 MG/2ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Tremfya-Cd/Uc Induction 200 MG/2ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Tremfya 200 MG/2ML Soln Prsyr	Added to formulary (drug list)-Tier 5	
Velsipity 2 MG TAB	Added to formulary (drug list)-Tier 5	
Zymfentra (1 Pen) 120 MG/ML Aut-Ij Kit	Added to formulary (drug list)-Tier 5	
Zymfentra (2 Pen) 120 MG/ML Aut-Ij Kit	Added to formulary (drug list)-Tier 5	
Zymfentra (2 Syringe) 120 MG/ML Pref Sy Kt	Added to formulary (drug list)-Tier 5	
Filspari 200 MG TAB	Added to formulary (drug list)-Tier 5	
Filspari 400 MG TAB	Added to formulary (drug list)-Tier 5	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Auvelity 45-105 MG TAB ER	Moved to a higher tier-Tier 5	Bupropion SR/XL Sertraline, Escitalopram, Venlafaxine ER, Duloxetine, Desvenlafaxine
Vraylar 0.5 MG CAP	Moved to a lower tier-Tier 2	
Vraylar 0.75 MG CAP	Moved to a lower tier-Tier 2	
Vraylar 1.5 MG CAP	Moved to a lower tier-Tier 2	
Vraylar 3 MG CAP	Moved to a lower tier-Tier 2	
Vraylar 4.5 MG CAP	Moved to a lower tier-Tier 2	
Vraylar 6 MG CAP	Moved to a lower tier-Tier 2	
Wegovy 1.5 MG TAB	Added to formulary (drug list)-Tier 2	
Wegovy 4 MG TAB	Added to formulary (drug list)-Tier 2	
Wegovy 9 MG TAB	Added to formulary (drug list)-Tier 2	
Wegovy 25 MG TAB	Added to formulary (drug list)-Tier 2	
Wegovy 0.25 MG/0.5ML Soln A-Inj	Added to formulary (drug list)-Tier 2	
Wegovy 0.5 MG/0.5ML Soln A-Inj	Added to formulary (drug list)-Tier 2	
Wegovy 1 MG/0.5ML Soln A-Inj	Added to formulary (drug list)-Tier 2	
Wegovy 1.7 MG/0.75ML Soln A-Inj	Added to formulary (drug list)-Tier 2	
Wegovy 2.4 MG/0.75ML Soln A-Inj	Added to formulary (drug list)-Tier 2	
Leqembi Iqlik (500 MG Dose) 2 X 250 MG/1.25ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Leqembi Iqlik 360 MG/1.8ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Namzaric 7-10 MG CAP ER 24H	Removed from formulary (drug list)	Memantine Hcl-Donepezil Hcl 14-10 MG, 28-10 MG, 21-10 MG ER CAP
Namzaric 7 & 14 & 21 &28 -10 MG Cp24 Thpk	Removed from formulary (drug list)	Memantine Hcl-Donepezil Hcl 14-10 MG, 28-10 MG, 21-10 MG ER CAP
Austedo 6 MG TAB	Added to formulary (drug list)-Tier 5	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Austedo 9 MG TAB	Added to formulary (drug list)-Tier 5	
Austedo 12 MG TAB	Added to formulary (drug list)-Tier 5	
Austedo XR 6 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 12 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 18 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 24 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 30 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 36 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 42 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 48 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR Patient Titration 6 & 12 & 24 MG Tber Thpk	Added to formulary (drug list)-Tier 5	
Austedo XR Patient Titration 12 & 18 & 24 & 30 MG Tber Thpk	Added to formulary (drug list)-Tier 5	
Glatiramer Acetate 20 MG/ML Soln Prsyr	Moved to a lower tier-Tier 4	
Glatopa 20 MG/ML Soln Prsyr	Moved to a lower tier-Tier 4	
Glatiramer Acetate 40 MG/ML Soln Prsyr	Moved to a lower tier-Tier 4	
Glatopa 40 MG/ML Soln Prsyr	Moved to a lower tier-Tier 4	
Dimethyl Fumarate 120 MG CAP DR	Moved to a lower tier-Tier 1	
Dimethyl Fumarate 240 MG CAP DR	Moved to a lower tier-Tier 1	
Dimethyl Fumarate Starter Pack 120 & 240 MG Cpdr Thpk	Moved to a lower tier-Tier 1	
Kineret 100 MG/0.67ML Soln Prsyr	Added to formulary (drug list)-Tier 5	
Hadlima Pushtouch 40 MG/0.4ML Soln A-Inj	Moved to a lower tier-Tier 3	
Hadlima Pushtouch 40 MG/0.8ML Soln A-Inj	Moved to a lower tier-Tier 3	
Hadlima 40 MG/0.4ML Soln Prsyr	Moved to a lower tier-Tier 3	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Hadlima 40 MG/0.8ML Soln Prsyr	Moved to a lower tier-Tier 2	
Simlandi (2 Pen) 40 MG/0.4ML Aut-Ij Kit	Moved to a lower tier-Tier 3	
Simlandi (1 Pen) 40 MG/0.4ML Aut-Ij Kit	Moved to a lower tier-Tier 3	
Simlandi (1 Pen) 80 MG/0.8ML Aut-Ij Kit	Moved to a lower tier-Tier 3	
Simlandi (2 Syringe) 20 MG/0.2ML Pref Sy Kt	Moved to a lower tier-Tier 3	
Simlandi (2 Syringe) 40 MG/0.4ML Pref Sy Kt	Moved to a lower tier-Tier 3	
Simlandi (1 Syringe) 80 MG/0.8ML Pref Sy Kt	Moved to a lower tier-Tier 3	
Tofacitinib Citrate 5 MG TAB	Removed from formulary (drug list)	Rinvoq TAB
Tofacitinib Citrate 10 MG TAB	Removed from formulary (drug list)	Rinvoq TAB
Tofacitinib Citrate 1 MG/ML Solution	Removed from formulary (drug list)	Rinvoq TAB
Tofacitinib Citrate ER 11 MG TAB ER 24H	Removed from formulary (drug list)	Rinvoq TAB
Tofacitinib Citrate ER 22 MG TAB ER 24H	Removed from formulary (drug list)	Rinvoq TAB
Sympazan 5 MG Film	Moved to a lower tier-Tier 3	
Aranesp (Albumin Free) 100 MCG/ML Solution	Moved to a higher tier-Tier 5	Aranesp 10 MCG, 25 MCG, 40 MCG, 60 MCG, 300 MCG
Aranesp (Albumin Free) 300 MCG/0.6ML Soln Prsyr	Moved to a lower tier-Tier 4	
Retacrit 40000 Unit/ML Solution	Moved to a lower tier-Tier 3	
Leukine 250 MCG Recon Soln	Added to formulary (drug list)-Tier 5	
Fondaparinux Sodium 7.5 MG/0.6ML Solution	Moved to a lower tier-Tier 4	
Xarelto 2.5 MG TAB	Removed from formulary (drug list)	Rivaroxaban 2.5 MG TAB (Generic Xarelto)
Xarelto 1 MG/ML Recon Susp	Removed from formulary (drug list)	Rivaroxaban 1 MG/ML Recon Susp (Generic Xarelto)
Lumigan 0.01 % Solution	Removed from formulary (drug list)	Bimatoprost 0.03% Soln, Travoprost 0.004% Soln, Latanoprost 0.005% Soln

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Rocklatan 0.02-0.005 % Solution	Moved to a lower tier-Tier 2	
Nystatin 500000 Unit/5ML Suspension	Added to formulary (drug list)-Tier 1	
Naftifine Hcl 1 % Cream	Removed from formulary (drug list)	Ciclopirox Gel, Shampoo, Crm; Clotrimazole Crm, Soln; Econazole Crm, Ketaconazole Crm, Shampoo
Naftifine Hcl 2 % Cream	Removed from formulary (drug list)	Ciclopirox Gel, Shampoo, Crm; Clotrimazole Crm, Soln; Econazole Crm, Ketaconazole Crm, Shampoo
Luliconazole 1 % Cream	Removed from formulary (drug list)	Ciclopirox Gel, Shampoo, Crm; Clotrimazole Crm, Soln; Econazole Crm, Ketaconazole Crm, Shampoo
Oxiconazole Nitrate 1 % Cream	Removed from formulary (drug list)	Ciclopirox Gel, Shampoo, Crm; Clotrimazole Crm, Soln; Econazole Crm, Ketaconazole Crm, Shampoo
Tremfya One-Press 100 MG/ML Soln Pen	Added to formulary (drug list)-Tier 5	
Tremfya Pen 100 MG/ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Tremfya 100 MG/ML Soln Prsyr	Added to formulary (drug list)-Tier 5	
Stelara 45 MG/0.5ML Solution	Removed from formulary (drug list)	Yesintek 45 MG/0.5ML Solution
Ustekinumab 45 MG/0.5ML Solution	Removed from formulary (drug list)	Yesintek 45 MG/0.5ML Solution
Ustekinumab-Aekn 45 MG/0.5ML Soln Prsyr	Removed from formulary (drug list)	Yesintek 45 MG/0.5ML Soln Prsyr
Ustekinumab-Aekn 90 MG/ML Soln Prsyr	Removed from formulary (drug list)	Yesintek 90 MG/ML Soln Prsyr
Yesintek 45 MG/0.5ML Soln Prsyr	Moved to a lower tier-Tier 2	
Envarsus XR 4 MG TAB ER 24H	Moved to a higher tier-Tier 5	Envarsus 0.75 MG, 1 MG TAB
Farxiga 5 MG TAB	Added step therapy	
Farxiga 10 MG TAB	Added step therapy	
Jardiance 10 MG TAB	Added step therapy	
Jardiance 25 MG TAB	Added step therapy	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Entresto 24-26 MG TAB	Updated quantity limit	
Xalkori 20 MG CAP Sprink	Updated quantity limit	
Xalkori 50 MG CAP Sprink	Updated quantity limit	
Cequr Simplicity 2U Extnd Wear Device	Updated quantity limit	
Victoza 18 MG/3ML Soln Pen	Updated quantity limit	
Cequr Simplicity 2U Device	Updated quantity limit	
Doptelet 20 MG TAB	Updated quantity limit	
Ventolin HFA 108 (90 Base) MCG/ACT Aero Soln	Updated quantity limit	
Talicia 250-12.5-10 MG CAP DR	Updated quantity limit	
K-Phos-Neutral 155-852-130 MG TAB	Removed from Enhanced Coverage	
Phospho-Trin 250 Neutral 155-852-130 MG TAB	Removed from Enhanced Coverage	
Phospha 250 Neutral 155-852-130 MG TAB	Removed from Enhanced Coverage	
Wes-Phos 250 Neutral 155-852-130 MG TAB	Removed from Enhanced Coverage	
Phosphorous 155-852-130 MG TAB	Removed from Enhanced Coverage	
Adthyza 32.5 MG TAB	Removed from Enhanced Coverage	
Renthyroid 45 MG TAB	Removed from Enhanced Coverage	
Evexithroid 45 MG TAB	Removed from Enhanced Coverage	
Hycodan 5-1.5 MG TAB	Removed from Enhanced Coverage	
Levsin/SL 0.125 MG SL TAB	Removed from Enhanced Coverage	
Anaspaz 0.125 MG TAB Disp	Removed from Enhanced Coverage	
Levbid 0.375 MG TAB ER 12H	Removed from Enhanced Coverage	
Donnatal 16.2 MG TAB	Removed from Enhanced Coverage	
Diethylpropion Hcl ER 75 MG TAB ER 24H	Removed from Enhanced Coverage	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Adthyza 16.25 MG TAB	Removed from Enhanced Coverage	
Adthyza 65 MG TAB	Removed from Enhanced Coverage	
Adthyza 97.5 MG TAB	Removed from Enhanced Coverage	
Adthyza 130 MG TAB	Removed from Enhanced Coverage	
Edex (2 Cartridge) 10 MCG Kit	Removed from Enhanced Coverage	
Edex (6 Cartridge) 10 MCG Kit	Removed from Enhanced Coverage	
Caverject Impulse 20 MCG Kit	Removed from Enhanced Coverage	
Edex (2 Cartridge) 20 MCG Kit	Removed from Enhanced Coverage	
Edex (6 Cartridge) 20 MCG Kit	Removed from Enhanced Coverage	
Edex (2 Cartridge) 40 MCG Kit	Removed from Enhanced Coverage	
Edex (6 Cartridge) 40 MCG Kit	Removed from Enhanced Coverage	
Stendra 50 MG TAB	Removed from Enhanced Coverage	
Stendra 100 MG TAB	Removed from Enhanced Coverage	
Stendra 200 MG TAB	Removed from Enhanced Coverage	
Hypersal 7 % Nebu Soln	Removed from Enhanced Coverage	
Levsin 0.125 MG TAB	Removed from Enhanced Coverage	
Donnatal 16.2 MG/5ML Elixir	Removed from Enhanced Coverage	
Pyridium 100 MG TAB	Removed from Enhanced Coverage	
Pyridium 200 MG TAB	Removed from Enhanced Coverage	
Doral 15 MG TAB	Removed from Enhanced Coverage	
Quazepam 15 MG TAB	Removed from Enhanced Coverage	
Lomaira 8 MG TAB	Removed from Enhanced Coverage	
Phentermine Hcl 8 MG TAB	Removed from Enhanced Coverage	
Saxenda 18 MG/3ML Soln Pen	Removed from Enhanced Coverage	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Liraglutide -Weight Management 18 MG/3ML Soln Pen	Removed from Enhanced Coverage	
Xenical 120 MG CAP	Removed from Enhanced Coverage	
Orlistat 120 MG CAP	Removed from Enhanced Coverage	
K-Phos 500 MG TAB	Removed from Enhanced Coverage	
Imcivree 10 MG/ML Solution	Removed from Enhanced Coverage	
Renthyroid 75 MG TAB	Removed from Enhanced Coverage	
Evexithroid 75 MG TAB	Removed from Enhanced Coverage	
Caverject 20 MCG Recon Soln	Removed from Enhanced Coverage	
Caverject 40 MCG Recon Soln	Removed from Enhanced Coverage	
Caverject Impulse 10 MCG Kit	Removed from Enhanced Coverage	
Muse 250 MCG Pellet	Removed from Enhanced Coverage	
Muse 500 MCG Pellet	Removed from Enhanced Coverage	
Muse 1000 MCG Pellet	Removed from Enhanced Coverage	
Avanafil 50 MG TAB	Removed from Enhanced Coverage	
Avanafil 100 MG TAB	Removed from Enhanced Coverage	
Avanafil 200 MG TAB	Removed from Enhanced Coverage	
Viagra 25 MG TAB	Removed from Enhanced Coverage	
Viagra 50 MG TAB	Removed from Enhanced Coverage	
Viagra 100 MG TAB	Removed from Enhanced Coverage	
Vybrique 25 MG Film	Removed from Enhanced Coverage	
Vybrique 50 MG Film	Removed from Enhanced Coverage	
Vybrique 75 MG Film	Removed from Enhanced Coverage	
Vybrique 100 MG Film	Removed from Enhanced Coverage	
Cialis 10 MG TAB	Removed from Enhanced Coverage	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Cialis 20 MG TAB	Removed from Enhanced Coverage	
Levitra 10 MG TAB	Removed from Enhanced Coverage	
Levitra 20 MG TAB	Removed from Enhanced Coverage	
Hycodan 5-1.5 MG/5ML Solution	Removed from Enhanced Coverage	
Duratuss Ac 10-1 MG/5ML Liquid	Removed from Enhanced Coverage	
Tuzistra XR 14.7-2.8 MG/5ML Susp	Removed from Enhanced Coverage	
Tuxarin ER 54.3-8 MG TAB ER 12H	Removed from Enhanced Coverage	
M-End Pe 3.33-1.33-6.33 MG/5ML Liquid	Removed from Enhanced Coverage	
Poly-Tussin Ac 10-4-10 MG/5ML Liquid	Removed from Enhanced Coverage	
Maxi-Tuss Cd 10-4-10 MG/5ML Liquid	Removed from Enhanced Coverage	
Capcof 5-2-10 MG/5ML Syrup	Removed from Enhanced Coverage	
Pro-Red Ac 5-1-9 MG/5ML Syrup	Removed from Enhanced Coverage	
Rydex 10-1.33-6.33 MG/5ML Liquid	Removed from Enhanced Coverage	
Mar-Cof Bp 30-2-7.5 MG/5ML Liquid	Removed from Enhanced Coverage	
Histex-Ac 10-2.5-10 MG/5ML Syrup	Removed from Enhanced Coverage	
Ninjacof-XG 200-8 MG/5ML Liquid	Removed from Enhanced Coverage	
Coditussin Ac 200-10 MG/5ML Liquid	Removed from Enhanced Coverage	
Mar-Cof Cg Expectorant 225-7.5 MG/5ML Liquid	Removed from Enhanced Coverage	
M-Clear Wc 100-6.33 MG/5ML Solution	Removed from Enhanced Coverage	
Coditussin Dac 30-10-200 MG/5ML Liquid	Removed from Enhanced Coverage	
Tusnel C 30-10-100 MG/5ML Syrup	Removed from Enhanced Coverage	
K-Phos No 2 305-700 MG TAB	Removed from Enhanced Coverage	
Neomycin-Polymyxin B Gu 40-200000 Solution	Removed from Enhanced Coverage	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Diethylpropion Hcl 25 MG TAB	Removed from Enhanced Coverage	
Phendimetrazine Tartrate 35 MG TAB	Removed from Enhanced Coverage	
Phendimetrazine Tartrate ER 105 MG CAP ER 24H	Removed from Enhanced Coverage	
Phentermine Hcl 15 MG CAP	Removed from Enhanced Coverage	
Phentermine Hcl 30 MG CAP	Removed from Enhanced Coverage	
Phentermine Hcl 37.5 MG CAP	Removed from Enhanced Coverage	
Adipex-P 37.5 MG CAP	Removed from Enhanced Coverage	
Phentermine Hcl 37.5 MG TAB	Removed from Enhanced Coverage	
Adipex-P 37.5 MG TAB	Removed from Enhanced Coverage	
Contrave 8-90 MG TAB ER 12H	Removed from Enhanced Coverage	
Vyleesi 1.75 MG/0.3ML Soln A-Inj	Removed from Enhanced Coverage	
Addyi 100 MG TAB	Removed from Enhanced Coverage	
Indomethacin 20 MG CAP	Removed from Enhanced Coverage	
Multivitamin/Fluoride 0.25 MG Chew TAB	Removed from part D coverage	
Effer-K 10 Meq Effer TAB	Removed from Enhanced Coverage	
Effer-K 20 Meq Effer TAB	Removed from Enhanced Coverage	
Cyanocobalamin 500 MCG/0.1ML Solution	Removed from Enhanced Coverage	
Nascobal 500 MCG/0.1ML Solution	Removed from Enhanced Coverage	
Upneeq 0.1 % Solution	Removed from Enhanced Coverage	
Phentermine-Topiramate Erxdnu 3.75-23 MG CAP ER 24H	Removed from Enhanced Coverage	
Qsymia 3.75-23 MG CAP ER 24H	Removed from Enhanced Coverage	
Phentermine-Topiramate Erxdnu 7.5-46 MG CAP ER 24H	Removed from Enhanced Coverage	
Qsymia 7.5-46 MG CAP ER 24H	Removed from Enhanced Coverage	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Phentermine-Topiramate Erxdnu 15-92 MG CAP ER 24H	Removed from Enhanced Coverage	
Qsymia 15-92 MG CAP ER 24H	Removed from Enhanced Coverage	
Phentermine-Topiramate Erxdnu 11.25-69 MG CAP ER 24H	Removed from Enhanced Coverage	
Qsymia 11.25-69 MG CAP ER 24H	Removed from Enhanced Coverage	
Foundayo 0.8 MG TAB	Removed from part D coverage	
Foundayo 2.5 MG TAB	Removed from part D coverage	
Foundayo 5.5 MG TAB	Removed from part D coverage	
Foundayo 9 MG TAB	Removed from part D coverage	
Foundayo 14.5 MG TAB	Removed from part D coverage	
Foundayo 17.2 MG TAB	Removed from part D coverage	
Benzphetamine Hcl 50 MG TAB	Removed from Enhanced Coverage	
Wegovy Hd 7.2 MG/0.75ML Soln A-Inj	Removed from part D coverage	
Twinrix 720-20 Elu-MCG/ML Susp Prsyr	Removed prior authorization	
Ella 30 MG TAB	Removed from Enhanced Coverage	
Bimatoprost 0.03 % Solution	Removed step therapy	

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