Blue Shield Rx Enhanced (PDP)

Formulary Updates:

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

Abbreviation Key:

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

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

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Emgality 120 MG/ML SOLN A-INJ	Added to formulary (drug list)	
Emgality 120 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Emgality (300 MG Dose) 100 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Restasis MultiDose 0.05 % EMULSION	Removed from formulary (drug list)	Restasis 0.05 % Emulsion (Non-Multidose bottle)
Zenpep 3000-10000 UNIT CP DR PART	Added to formulary (drug list)	
Ubrelvy 50 MG TAB	Removed from formulary (drug list)	Nurtec 75mg Tablet
Ubrelvy 100 MG TAB	Removed from formulary (drug list)	Nurtec 75mg Tablet
Combigan 0.2-0.5 % SOLUTION	Added to formulary (drug list)	
HYDROmorphone HCl 4 MG TAB	Moved to a higher tier - Tier	Morphine Sulfate Immediate Release Tablet
HYDROmorphone HCl 8 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
Azelastine HCl 0.1 % SOLUTION	Moved to a lower tier - Tier 2	
Lisdexamfetamine Dimesylate 20 MG CAP	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Lisdexamfetamine Dimesylate 30 MG CAP	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 40 MG CAP	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 50 MG CAP	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 60 MG CAP	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 70 MG CAP	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
OxyCODONE HCl 5 MG/5ML SOLUTION	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
Everolimus 0.25 MG TAB	Moved to a lower tier - Tier 4	
Droxidopa 100 MG CAP	Moved to a lower tier - Tier 4	
Droxidopa 200 MG CAP	Moved to a lower tier - Tier 4	
Droxidopa 300 MG CAP	Moved to a lower tier - Tier 4	
Lisdexamfetamine Dimesylate 10 MG CAP	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Calcitriol 1 MCG/ML SOLUTION	Removed from formulary (drug list)	Calcitriol Capsule
Dexamethasone 0.5 MG/5ML SOLUTION	Moved to a higher tier - Tier 4	Dexamethasone 0.5 MG Tablet
Triazolam 0.125 MG TAB	Removed from formulary (drug list)	Temazepam 15mg and 30mg Capsule
Triazolam 0.25 MG TAB	Removed from formulary (drug list)	Temazepam 15mg and 30mg Capsule

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Cipro HC 0.2-1 % SUSPENSION	Removed from formulary (drug list)	Ciprofloxacin-Dexamethasone 0.3-0.1 % SUSPENSION
Nitrostat 0.3 MG SL TAB	Removed from formulary (drug list)	Nitroglycerin 0.3mg, 0.4mg, 0.6mg Tablet
Nitrostat 0.4 MG SL TAB	Removed from formulary (drug list)	Nitroglycerin 0.3mg, 0.4mg, 0.6mg Tablet
Nitrostat 0.6 MG SL TAB	Removed from formulary (drug list)	Nitroglycerin 0.3mg, 0.4mg, 0.6mg Tablet
Dilantin 30 MG CAP	Added to formulary (drug list)	
Asmanex (120 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex (60 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex (14 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex (30 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex (30 Metered Doses) 110 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex (7 Metered Doses) 110 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex HFA 50 MCG/ACT AEROSOL	Added to formulary (drug list)	
Asmanex HFA 100 MCG/ACT AEROSOL	Added to formulary (drug list)	
Asmanex HFA 200 MCG/ACT AEROSOL	Added to formulary (drug list)	
Fluocinonide 0.05 % CREAM	Moved to a higher tier - Tier 4	Mometasone Furoate 0.1 % OINTMENT, Triamcinolone acetonide 0.5%
Fluocinonide 0.05 % OINTMENT	Moved to a higher tier - Tier 4	Mometasone Furoate 0.1 % OINTMENT, Triamcinolone acetonide 0.5%

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Naloxone HCl 4 MG/0.1ML LIQUID	Moved to a higher tier - Tier 3	Naloxone HCl 0.4 MG/ML Injection
Buprenorphine 7.5 MCG/HR PATCH WK	Removed from formulary (drug list)	Fentanyl Patches
Cyclobenzaprine HCl 5 MG TAB	Moved to a lower tier - Tier 2	
Cyclobenzaprine HCl 10 MG TAB	Moved to a lower tier - Tier 2	
Atomoxetine HCl 10 MG CAP	Moved to a higher tier - Tier 4	Guanfacine Extended Release Tablet
Atomoxetine HCl 18 MG CAP	Moved to a higher tier - Tier 4	Guanfacine Extended Release Tablet
Atomoxetine HCl 25 MG CAP	Moved to a higher tier - Tier 4	Guanfacine Extended Release Tablet
Atomoxetine HCl 40 MG CAP	Moved to a higher tier - Tier 4	Guanfacine Extended Release Tablet
Atomoxetine HCl 60 MG CAP	Moved to a higher tier - Tier 4	Guanfacine Extended Release Tablet
Atomoxetine HCl 80 MG CAP	Moved to a higher tier - Tier 4	Guanfacine Extended Release Tablet
Atomoxetine HCl 100 MG CAP	Moved to a higher tier - Tier 4	Guanfacine Extended Release Tablet
Buprenorphine 5 MCG/HR PATCH WK	Removed from formulary (drug list)	Fentanyl Patches
Buprenorphine 10 MCG/HR PATCH WK	Removed from formulary (drug list)	Fentanyl Patches
Buprenorphine 15 MCG/HR PATCH WK	Removed from formulary (drug list)	Fentanyl Patches
Buprenorphine 20 MCG/HR PATCH WK	Removed from formulary (drug list)	Fentanyl Patches
Efavirenz-Emtricitab-Tenofo DF 600-200-300 MG TAB	Moved to a lower tier - Tier 4	
Solifenacin Succinate 5 MG TAB	Moved to a higher tier - Tier 4	Oxybutynin Tablet, Trospium Chloride 20 MG Tablet
Solifenacin Succinate 10 MG TAB	Moved to a higher tier - Tier 4	Oxybutynin Tablet, Trospium Chloride 20 MG Tablet
Eszopiclone 1 MG TAB	Moved to a higher tier - Tier 4	Zolpidem 5mg and 10mg Tablets, Zaleplon Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Eszopiclone 2 MG TAB	Moved to a higher tier - Tier 4	Zolpidem 5mg and 10mg Tablets, Zaleplon Tablet
Eszopiclone 3 MG TAB	Moved to a higher tier - Tier 4	Zolpidem 5mg and 10mg Tablets, Zaleplon Tablet
Lansoprazole 15 MG CAP DR	Moved to a lower tier - Tier 2	
Dimethyl Fumarate 120 MG CAP DR	Moved to a lower tier - Tier 4	
Carvedilol Phosphate ER 10 MG CAP ER 24H	Removed from formulary (drug list)	Carvedilol Immediate Release Tablet
Carvedilol Phosphate ER 20 MG CAP ER 24H	Removed from formulary (drug list)	Carvedilol Immediate Release Tablet
Carvedilol Phosphate ER 40 MG CAP ER 24H	Removed from formulary (drug list)	Carvedilol Immediate Release Tablet
Carvedilol Phosphate ER 80 MG CAP ER 24H	Removed from formulary (drug list)	Carvedilol Immediate Release Tablet
Colesevelam HCl 625 MG TAB	Removed from formulary (drug list)	Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg Tablet
EPINEPHrine 0.3 MG/0.3ML SOLN A-INJ	Moved to a higher tier - Tier 3	
Colesevelam HCl 3.75 GM PACKET	Removed from formulary (drug list)	Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg Tablet
OxyCODONE HCl 100 MG/5ML CONC	Removed from formulary (drug list)	Morphine Sulfate (Concentrate) 20 MG/ML SOLUTION
Methotrexate Sodium (PF) 50 MG/2ML SOLUTION	Moved to a lower tier - Tier 2	
Fluocinonide 0.05 % SOLUTION	Moved to a higher tier - Tier 4	Mometasone Furoate 0.1 % OINTMENT, Triamcinolone acetonide 0.5%
Fluocinonide 0.05 % GEL	Moved to a higher tier - Tier 4	Mometasone Furoate 0.1 % OINTMENT, Triamcinolone acetonide 0.5%

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Desoximetasone 0.25 % OINTMENT	Removed from formulary (drug list)	Mometasone Furoate 0.1 % OINTMENT
Halobetasol Propionate 0.05 % CREAM	Moved to a higher tier - Tier 4	Betamethasone Dipropionate Aug 0.05 % OINTMENT
Adapalene 0.1 % CREAM	Removed from formulary (drug list)	Tretinoin Cream (Generic Retin-A)
Fluocinonide 0.1 % CREAM	Added to formulary (drug list)	
NovoLOG ReliOn 100 UNIT/ML SOLUTION	Added to formulary (drug list)	
NovoLOG FlexPen ReliOn 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
NovoLIN R FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
NovoLIN R FlexPen ReliOn 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
Fiasp 100 UNIT/ML SOLUTION	Added to formulary (drug list)	
Fiasp FlexTouch 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
Fiasp PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list)	
Fiasp PumpCart 100 UNIT/ML SOLN CART	Added to formulary (drug list)	
NovoLOG PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list)	
NovoLOG FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
NovoLOG 100 UNIT/ML SOLUTION	Added to formulary (drug list)	
Pulmicort Flexhaler 180 MCG/ACT AER POW BA	Removed from formulary (drug list)	Qvar Inhaler, Asmanex Inhaler
Pulmicort Flexhaler 90 MCG/ACT AER POW BA	Removed from formulary (drug list)	Qvar Inhaler, Asmanex Inhaler
Indapamide 2.5 MG TAB	Moved to a lower tier - Tier 1	
Indapamide 1.25 MG TAB	Moved to a lower tier - Tier 1	
ALPRAZolam ER 0.5 MG TAB ER 24H	Removed from formulary (drug list)	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
ALPRAZolam ER 1 MG TAB ER 24H	Removed from formulary (drug list)	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
ALPRAZolam ER 3 MG TAB ER 24H	Removed from formulary (drug list)	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
ALPRAZolam ER 2 MG TAB ER 24H	Removed from formulary (drug list)	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
Vandazole 0.75 % GEL	Removed from formulary (drug list)	Metronidazole 0.75 % Gel
Lubiprostone 8 MCG CAP	Moved to a lower tier - Tier 2	
Lubiprostone 24 MCG CAP	Moved to a lower tier - Tier 2	
Nadolol 20 MG TAB	Moved to a higher tier - Tier 4	Propranolol Tablet
Allopurinol 100 MG TAB	Moved to a lower tier - Tier 1	
Allopurinol 300 MG TAB	Moved to a lower tier - Tier 1	
Nadolol 80 MG TAB	Moved to a higher tier - Tier 4	Propranolol Tablet
Nadolol 40 MG TAB	Moved to a higher tier - Tier 4	Propranolol Tablet
Triamterene-HCTZ 37.5-25 MG CAP	Moved to a lower tier - Tier 1	
TraMADol HCl ER 100 MG TAB ER 24H	Removed from formulary (drug list)	Morphine Sulfate Extended Release Tablet
TraMADol HCl ER 200 MG TAB ER 24H	Removed from formulary (drug list)	Morphine Sulfate Extended Release Tablet
TraMADol HCl ER 300 MG TAB ER 24H	Removed from formulary (drug list)	Morphine Sulfate Extended Release Tablet
ValACYclovir HCl 500 MG TAB	Moved to a lower tier - Tier 3	
ValACYclovir HCl 1 GM TAB	Moved to a lower tier - Tier 3	
Estradiol 0.025 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Estradiol 0.0375 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Estradiol 0.05 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Estradiol 0.075 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Estradiol 0.1 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Moxifloxacin HCl 0.5 % SOLUTION	Moved to a higher tier - Tier 4	Ciprofloxacin HCl 0.3 % SOLUTION, Gentamicin Sulfate 0.3 % SOLUTION
Valsartan-Hydrochlorothiazide 80-12.5 MG TAB	Moved to a higher tier - Tier 2	Vasartan, Hydrochlorothiazide Tablet (2 separate agents)
Valsartan-Hydrochlorothiazide 160-12.5 MG TAB	Moved to a higher tier - Tier 2	Vasartan, Hydrochlorothiazide Tablet (2 separate agents)
Valsartan-Hydrochlorothiazide 160-25 MG TAB	Moved to a higher tier - Tier 2	Vasartan, Hydrochlorothiazide Tablet (2 separate agents)
Valsartan-Hydrochlorothiazide 320-12.5 MG TAB	Moved to a higher tier - Tier 2	Vasartan, Hydrochlorothiazide Tablet (2 separate agents)
Valsartan-Hydrochlorothiazide 320-25 MG TAB	Moved to a higher tier - Tier 2	Vasartan, Hydrochlorothiazide Tablet (2 separate agents)
Clobetasol Propionate 0.05 % FOAM	Added to formulary (drug list)	
Cystagon 50 MG CAP	Removed from formulary (drug list)	
Cystagon 150 MG CAP	Removed from formulary (drug list)	
OxyCODONE HCl 5 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
HYDROmorphone HCl 2 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
Lisdexamfetamine Dimesylate 10 MG CHEW TAB	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 20 MG CHEW TAB	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Lisdexamfetamine Dimesylate 30 MG CHEW TAB	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 40 MG CHEW TAB	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 50 MG CHEW TAB	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 60 MG CHEW TAB	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
oxyCODONE HCl 10 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
OxyCODONE HCl 15 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
oxyCODONE HCl 20 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
OxyCODONE HCl 30 MG TAB	Moved to a higher tier - Tier 4	Morphine Sulfate Immediate Release Tablet
Albuterol Sulfate 2 MG/5ML SYRUP	Added to formulary (drug list)	
Darunavir 600 MG TAB	Moved to a lower tier - Tier 4	
AcetaZOLAMIDE 250 MG TAB	Moved to a lower tier - Tier 2	
FlavoxATE HCl 100 MG TAB	Removed from formulary (drug list)	Oxybutynin Tablet, Trospium Chloride 20 MG Tablet
Clobetasol Propionate 0.05 % LIQUID	Added to formulary (drug list)	
Tobramycin-Dexamethasone 0.3-0.1 % SUSPENSION	Moved to a higher tier - Tier 3	Neomycin-Polymyxin-Dexameth 0.1 % SUSPENSION, Sulfacetamide-Prednisolone 10-0.23 % SOLUTION

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Verapamil HCl 80 MG TAB	Moved to a lower tier - Tier 1	
Verapamil HCl 120 MG TAB	Moved to a lower tier - Tier 1	
Verapamil HCl 40 MG TAB	Moved to a lower tier - Tier 1	
Brimonidine Tartrate-Timolol 0.2-0.5 % SOLUTION	Moved to a higher tier - Tier 4	Dorzolamide HCl-Timolol Mal 2-0.5 % SOLUTION
Testosterone 25 MG/2.5GM (1%) GEL	Moved to a higher tier - Tier 4	Testosterone 12.5 MG/ACT (1%) GEL (Generic Vogelxo)
Testosterone 50 MG/5GM (1%) GEL	Moved to a higher tier - Tier 4	Testosterone 12.5 MG/ACT (1%) GEL (Generic Vogelxo)
Migergot 2-100 MG SUPPOS	Removed from formulary (drug list)	Sumatriptan Succinate 25mg, 50mg, 100mg Tablet
Halobetasol Propionate 0.05 % OINTMENT	Moved to a higher tier - Tier 4	Betamethasone Dipropionate Aug 0.05 % OINTMENT
Silodosin 4 MG CAP	Moved to a higher tier - Tier 4	Tamsulosin Capsule, Alfuzosin Tablet
Silodosin 8 MG CAP	Moved to a higher tier - Tier 4	Tamsulosin Capsule, Alfuzosin Tablet
FLUoxetine HCl 20 MG CAP	Moved to a lower tier - Tier 1	
FLUoxetine HCl 10 MG CAP	Moved to a lower tier - Tier 1	
Omeprazole 10 MG CAP DR	Moved to a lower tier - Tier 1	
Omeprazole 20 MG CAP DR	Moved to a lower tier - Tier 1	
Caspofungin Acetate 50 MG RECON SOLN	Removed from formulary (drug list)	Micafungin Sodium 50mg and 100mg RECON SOLN
Caspofungin Acetate 70 MG RECON SOLN	Removed from formulary (drug list)	Micafungin Sodium 50mg and 100mg RECON SOLN
Tigecycline 50 MG RECON SOLN	Moved to a lower tier - Tier 4	
Zolpidem Tartrate ER 6.25 MG TAB ER	Moved to a higher tier - Tier 4	Zolpidem 5mg and 10mg Tablets, Zaleplon Tablet
Zolpidem Tartrate ER 12.5 MG TAB ER	Moved to a higher tier - Tier 4	Zolpidem 5mg and 10mg Tablets, Zaleplon Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
fluvoxaMINE Maleate 25 MG TAB	Moved to a higher tier - Tier 4	Sertraline Tablet, Paroxetine Tablet, Escitalopram Tablet
fluvoxaMINE Maleate 50 MG TAB	Moved to a higher tier - Tier 4	Sertraline Tablet, Paroxetine Tablet, Escitalopram Tablet
fluvoxaMINE Maleate 100 MG TAB	Moved to a higher tier - Tier 4	Sertraline Tablet, Paroxetine Tablet, Escitalopram Tablet
Clopidogrel Bisulfate 75 MG TAB	Moved to a lower tier - Tier 1	
HydrALAZINE HCl 10 MG TAB	Moved to a lower tier - Tier 1	
HydrALAZINE HCl 25 MG TAB	Moved to a lower tier - Tier 1	
HydrALAZINE HCl 50 MG TAB	Moved to a lower tier - Tier 1	
HydrALAZINE HCl 100 MG TAB	Moved to a lower tier - Tier 1	
QUEtiapine Fumarate ER 50 MG TAB ER 24H	Moved to a higher tier - Tier 4	Quetiapine Fumarate Immediate Release Tablet
QUEtiapine Fumarate ER 150 MG TAB ER 24H	Moved to a higher tier - Tier 4	Quetiapine Fumarate Immediate Release Tablet
QUEtiapine Fumarate ER 200 MG TAB ER 24H	Moved to a higher tier - Tier 4	Quetiapine Fumarate Immediate Release Tablet
QUEtiapine Fumarate ER 300 MG TAB ER 24H	Moved to a higher tier - Tier 4	Quetiapine Fumarate Immediate Release Tablet
QUEtiapine Fumarate ER 400 MG TAB ER 24H	Moved to a higher tier - Tier 4	Quetiapine Fumarate Immediate Release Tablet
Dabigatran Etexilate Mesylate 110 MG CAP	Added to formulary (drug list)	
Aralast NP 500 MG RECON SOLN	Added to formulary (drug list)	
Aralast NP 1000 MG RECON SOLN	Added to formulary (drug list)	
Revcovi 2.4 MG/1.5ML SOLUTION	Added to formulary (drug list)	
Alendronate Sodium 35 MG TAB	Moved to a lower tier - Tier 1	
Alendronate Sodium 70 MG TAB	Moved to a lower tier - Tier 1	
acetaZOLAMIDE 125 MG TAB	Moved to a lower tier - Tier 2	
Prolastin-C 1000 MG RECON SOLN	Removed from formulary (drug list)	Aralast NP Solution
Prolastin-C 1000 MG/20ML SOLUTION	Removed from formulary (drug list)	Aralast NP Solution

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
RABEprazole Sodium 20 MG TAB DR	Moved to a lower tier - Tier 2	
Alendronate Sodium 10 MG TAB	Moved to a lower tier - Tier 1	
Ezetimibe-Simvastatin 10-10 MG TAB	Moved to a lower tier - Tier 3	
Ezetimibe-Simvastatin 10-20 MG TAB	Moved to a lower tier - Tier 3	
Ezetimibe-Simvastatin 10-40 MG TAB	Moved to a lower tier - Tier 3	
Ezetimibe-Simvastatin 10-80 MG TAB	Moved to a lower tier - Tier 3	
Diclofenac Sodium 1 % GEL	Removed from formulary (drug list)	Diclofenac Sodium 1.5 % SOLUTION
Timolol Maleate 0.5 % SOLUTION	Moved to a lower tier - Tier 1	
Latanoprost 0.005 % SOLUTION	Moved to a lower tier - Tier 1	
Mesalamine 4 GM ENEMA	Moved to a higher tier - Tier 4	Mesalamine ER 0.375 GM Capsule ER 24H
E.E.S. 400 400 MG TAB	Removed from formulary (drug list)	Erythromycin Base 250mg and 500mg Tablet
Erythromycin Ethylsuccinate 400 MG TAB	Removed from formulary (drug list)	Erythromycin Base 250mg and 500mg Tablet
Ergotamine-Caffeine 1-100 MG TAB	Added to formulary (drug list)	
Nitroglycerin 0.4 MG/SPRAY SOLUTION	Removed from formulary (drug list)	Nitroglycerin 0.4 MG SL Tablet
Dutasteride 0.5 MG CAP	Moved to a higher tier - Tier 4	Finasteride 5 mg Tablet
Fosinopril Sodium 20 MG TAB	Moved to a lower tier - Tier 1	
Fosinopril Sodium 40 MG TAB	Moved to a lower tier - Tier 1	
Dimethyl Fumarate Starter Pack 120 & 240 MG CPDR THPK	Moved to a lower tier - Tier 4	
amLODIPine-Valsartan-HCTZ 5-160-12.5 MG TAB	Moved to a higher tier - Tier 2	Amlodipine, Vasartan, Hydrochlorothiazide Tablets (3 separate agents)
amLODIPine-Valsartan-HCTZ 10-160-12.5 MG TAB	Moved to a higher tier - Tier 2	Amlodipine, Vasartan, Hydrochlorothiazide Tablets (3 separate agents)

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
amLODIPine-Valsartan-HCTZ 5-160-25 MG TAB	Moved to a higher tier - Tier 2	Amlodipine, Vasartan, Hydrochlorothiazide Tablets (3 separate agents)
amLODIPine-Valsartan-HCTZ 10-160-25 MG TAB	Moved to a higher tier - Tier 2	Amlodipine, Vasartan, Hydrochlorothiazide Tablets (3 separate agents)
amLODIPine-Valsartan-HCTZ 10-320-25 MG TAB	Moved to a higher tier - Tier 2	Amlodipine, Vasartan, Hydrochlorothiazide Tablets (3 separate agents)
Fanapt 6 MG TAB	Moved to a lower tier - Tier 4	
Fanapt 8 MG TAB	Moved to a lower tier - Tier 4	
Fanapt 10 MG TAB	Moved to a lower tier - Tier 4	
Fanapt 12 MG TAB	Moved to a lower tier - Tier 4	
LevETIRAcetam ER 500 MG TAB ER 24H	Moved to a lower tier - Tier 2	
LevETIRAcetam ER 750 MG TAB ER 24H	Moved to a lower tier - Tier 2	
Fosinopril Sodium 10 MG TAB	Moved to a lower tier - Tier 1	
Nitroglycerin 0.3 MG SL TAB	Moved to a lower tier - Tier 2	
Nitroglycerin 0.4 MG SL TAB	Moved to a lower tier - Tier 2	
Nitroglycerin 0.6 MG SL TAB	Moved to a lower tier - Tier 2	
Calcitriol 3 MCG/GM OINTMENT	Removed from formulary (drug list)	Calcipotriene 0.005% Cream/Ointment
Golytely 236 GM RECON SOLN	Removed from formulary (drug list)	PEG-3350/Electrolytes, Gavilyte
Nulytely Lemon-Lime 420 GM RECON SOLN	Removed from formulary (drug list)	PEG-3350/Electrolytes, Gavilyte
Baclofen 15 MG TAB	Removed from formulary (drug list)	Baclofen 5mg, 10mg, 20mg Tablet
Cystaran 0.44 % SOLUTION	Removed from formulary (drug list)	
Doxepin HCl 10 MG/ML CONC	Moved to a higher tier - Tier 4	Doxepin Capsule
Amphotericin B Liposome 50 MG RECON SUSP	Added to formulary (drug list)	
Chemet 100 MG CAP	Removed from formulary (drug list)	Trientine Capsule

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Firmagon 80 MG RECON SOLN	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Firmagon (240 MG Dose) 120 MG/VIAL RECON SOLN	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Imbruvica 140 MG TAB	Added to formulary (drug list)	
Imbruvica 560 MG TAB	Added to formulary (drug list)	
Abilify Asimtufii 720 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Abilify Asimtufii 960 MG/3.2ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Qvar RediHaler 40 MCG/ACT AERO BA	Added to formulary (drug list)	
Qvar RediHaler 80 MCG/ACT AERO BA	Added to formulary (drug list)	
Kloxxado 8 MG/0.1ML LIQUID	Added to formulary (drug list)	
Revlimid 2.5 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 5 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 10 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 15 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 20 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 25 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Emtricitabine-Tenofovir DF 100-150 MG TAB	Moved to a lower tier - Tier 4	
Emtricitabine-Tenofovir DF 133-200 MG TAB	Moved to a lower tier - Tier 4	
Emtricitabine-Tenofovir DF 167-250 MG TAB	Moved to a lower tier - Tier 4	
Azelastine HCl 137 MCG/SPRAY SOLUTION	Moved to a lower tier - Tier 2	
Prezista 75 MG TAB	Moved to a lower tier - Tier 4	
ZOLMitriptan 2.5 MG TAB DISP	Removed from formulary (drug list)	Sumatriptan Succinate 25mg, 50mg, 100mg Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
ALPRAZolam XR 0.5 MG TAB ER 24H	Removed from formulary (drug list)	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
ALPRAZolam XR 1 MG TAB ER 24H	Removed from formulary (drug list)	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
ALPRAZolam XR 2 MG TAB ER 24H	Removed from formulary (drug list)	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
ALPRAZolam XR 3 MG TAB ER 24H	Removed from formulary (drug list)	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
Selegiline HCl 5 MG TAB	Moved to a lower tier - Tier 3	
Timolol Maleate 0.25 % SOLUTION	Moved to a lower tier - Tier 1	
Vosevi 400-100-100 MG TAB	Added to formulary (drug list)	
Albuterol Sulfate 8 MG/20ML SYRUP	Added to formulary (drug list)	
Cortrophin 80 UNIT/ML GEL	Removed from formulary (drug list)	
Lyllana 0.025 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Lyllana 0.0375 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Lyllana 0.05 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Lyllana 0.075 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Lyllana 0.1 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Dotti 0.025 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Dotti 0.0375 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Dotti 0.05 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Dotti 0.075 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Dotti 0.1 MG/24HR PATCH TW	Moved to a higher tier - Tier 4	Estradiol Weekly Patch (Generic Climara)
Tyenne 162 MG/0.9ML SOLN A-INJ	Added to formulary (drug list)	
Tyenne 162 MG/0.9ML SOLN PRSYR	Added to formulary (drug list)	
Aristada 441 MG/1.6ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 662 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 882 MG/3.2ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 1064 MG/3.9ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada Initio 675 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Lybalvi 5-10 MG TAB	Removed from formulary (drug list)	
Lybalvi 10-10 MG TAB	Removed from formulary (drug list)	
Lybalvi 15-10 MG TAB	Removed from formulary (drug list)	
Lybalvi 20-10 MG TAB	Removed from formulary (drug list)	
Dapagliflozin Propanediol 5 MG TAB	Added to formulary (drug list)	
Dapagliflozin Propanediol 10 MG TAB	Added to formulary (drug list)	
Insulin Aspart 100 UNIT/ML SOLUTION	Added to formulary (drug list)	
Insulin Aspart PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list)	
Insulin Aspart FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
Gemtesa 75 MG TAB	Moved to a lower tier - Tier 3	
Zenpep 10000-32000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 15000-47000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 20000-63000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 40000-126000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 5000-24000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 25000-79000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 60000-189600 UNIT CP DR PART	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Trelstar Mixject 3.75 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Trelstar Mixject 11.25 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Trelstar Mixject 22.5 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Rezurock 200 MG TAB	Removed from formulary (drug list)	Imbruvica Capsule or Tablet, Jakafi Tablet
Rezdiffra 60 MG TAB	Added to formulary (drug list)	
Rezdiffra 80 MG TAB	Added to formulary (drug list)	
Rezdiffra 100 MG TAB	Added to formulary (drug list)	
Yesintek 45 MG/0.5ML SOLN PRSYR	Added to formulary (drug list)	
Yesintek 45 MG/0.5ML SOLUTION	Added to formulary (drug list)	
Yesintek 90 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Yesintek 130 MG/26ML SOLUTION	Added to formulary (drug list)	
Liletta (52 MG) 20.1 MCG/DAY IUD	Removed prior authorization	
Calcitriol 0.25 MCG CAP	Removed prior authorization	
Calcitriol 0.5 MCG CAP	Removed prior authorization	
Roflumilast 500 MCG TAB	Removed prior authorization	
Rocaltrol 0.25 MCG CAP	Removed prior authorization	
Rocaltrol 0.5 MCG CAP	Removed prior authorization	
Rocaltrol 1 MCG/ML SOLUTION	Removed prior authorization	
Roflumilast 250 MCG TAB	Removed prior authorization	
Tremfya One-Press 100 MG/ML SOLN A-INJ	Added quantity limit	
Sprycel 20 MG TAB	Updated quantity limit	
Bosentan 62.5 MG TAB	Updated quantity limit	
Icosapent Ethyl 0.5 GM CAP	Updated quantity limit	
Prucalopride Succinate 1 MG TAB	Updated quantity limit	
Lyrica CR 82.5 MG TAB ER 24H	Updated quantity limit	
Lyrica CR 165 MG TAB ER 24H	Updated quantity limit	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Cyclobenzaprine HCl ER 15 MG CAP ER 24H	Updated quantity limit	
Chloroquine Phosphate 250 MG TAB	Updated quantity limit	
Doxepin HCl 3 MG TAB	Updated quantity limit	
Xigduo XR 10-1000 MG TAB ER 24H	Updated quantity limit	
Topiramate ER 25 MG CAP ER 24H	Updated quantity limit	
Topiramate ER 50 MG CAP ER 24H	Updated quantity limit	
Lurasidone HCl 120 MG TAB	Updated quantity limit	
Juxtapid 5 MG CAP	Updated quantity limit	
Juxtapid 10 MG CAP	Updated quantity limit	
Juxtapid 20 MG CAP	Updated quantity limit	
Kapspargo Sprinkle 25 MG CP24 SPRNK	Updated quantity limit	
Kapspargo Sprinkle 50 MG CP24 SPRNK	Updated quantity limit	
Kapspargo Sprinkle 100 MG CP24 SPRNK	Updated quantity limit	
Sohonos 1 MG CAP	Updated quantity limit	
Sohonos 1.5 MG CAP	Updated quantity limit	
Sohonos 2.5 MG CAP	Updated quantity limit	
Trokendi XR 25 MG CAP ER 24H	Updated quantity limit	
Trokendi XR 50 MG CAP ER 24H	Updated quantity limit	
Palforzia Initial Dose 1-3yrs 0.5 & 1 & 1.5 & 3 MG CSPK	Updated quantity limit	
Silenor 3 MG TAB	Updated quantity limit	
Dasatinib 20 MG TAB	Updated quantity limit	
Pregabalin ER 82.5 MG TAB ER 24H	Updated quantity limit	
Pregabalin ER 165 MG TAB ER 24H	Updated quantity limit	
Orkambi 75-94 MG PACKET	Updated quantity limit	
Orkambi 100-125 MG TAB	Updated quantity limit	
Vascepa 0.5 GM CAP	Updated quantity limit	
Veltassa 1 GM PACKET	Updated quantity limit	
Motegrity 1 MG TAB	Updated quantity limit	
metroNIDAZOLE 125 MG TAB	Updated quantity limit	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Abilify MyCite 2 MG TAB	Updated quantity limit	
Abilify MyCite 5 MG TAB	Updated quantity limit	
Abilify MyCite 10 MG TAB	Updated quantity limit	
Abilify MyCite 15 MG TAB	Updated quantity limit	
Latuda 120 MG TAB	Updated quantity limit	
Amrix 15 MG CAP ER 24H	Updated quantity limit	
Lyvispah 5 MG PACKET	Updated quantity limit	
Tracleer 62.5 MG TAB	Updated quantity limit	
Dapagliflozin Pro-metFORMIN ER 10-1000 MG TAB ER 24H	Updated quantity limit	
Livmarli 9.5 MG/ML SOLUTION	Updated quantity limit	
Livmarli 19 MG/ML SOLUTION	Updated quantity limit	
Prevymis 480 MG TAB	Updated quantity limit	
oxyCODONE-Acetaminophen 5-325 MG/5ML SOLUTION	Updated quantity limit	
Xolair 75 MG/0.5ML SOLN PRSYR	Updated quantity limit	
Xolair 75 MG/0.5ML SOLN A-INJ	Updated quantity limit	
Xolair 150 MG/ML SOLN PRSYR	Updated quantity limit	
Xolair 150 MG/ML SOLN A-INJ	Updated quantity limit	
Simlandi (1 Pen) 80 MG/0.8ML AUT-IJ KIT	Updated quantity limit	
Simlandi (1 Syringe) 80 MG/0.8ML PREF SY KT	Updated quantity limit	
Thalomid 50 MG CAP	Updated quantity limit	
Thalomid 100 MG CAP	Updated quantity limit	
Promacta 12.5 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Promacta 12.5 MG PACKET	Removed from formulary (drug list)	Eltrombopag Olamine Packet
Promacta 25 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Promacta 25 MG PACKET	Removed from formulary (drug list)	Eltrombopag Olamine Packet
Promacta 50 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Promacta 75 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Eltrombopag Olamine12.5 MG TAB	Added to formulary (drug list)	
Eltrombopag Olamine 12.5 MG PACKET	Added to formulary (drug list)	
Eltrombopag Olamine 25 MG TAB	Added to formulary (drug list)	
Eltrombopag Olamine 25 MG PACKET	Added to formulary (drug list)	
Eltrombopag Olamine 50 MG TAB	Added to formulary (drug list)	
Eltrombopag Olamine 75 MG TAB	Added to formulary (drug list)	
Tasigna 150 MG CAP	Removed from formulary (drug list)	Nilotinib HCL Capsule
Tasigna 200 MG CAP	Removed from formulary (drug list)	Nilotinib HCL Capsule
Tasigna 50 MG CAP	Removed from formulary (drug list)	Nilotinib HCL Capsule
Nilotinib HCL 150 MG	Added to formulary (drug list)	
Nilotinib HCL 200 MG	Added to formulary (drug list)	
Nilotinib HCL 50 MG	Added to formulary (drug list)	
Jubbonti Subcutaneous Solution Prefilled Syringe 60 MG/ML	Added to formulary (drug list)	
Ustekinumab 45 MG/0.5ML SOLUTION	Added to formulary (drug list)	
Ustekinumab 45 MG/0.5ML SOLN PRSYR	Added to formulary (drug list)	
Ustekinumab 90 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Ustekinumab 130 MG/26ML SOLUTION	Added to formulary (drug list)	
Wyost 120 MG/1.7ML SOLUTION	Added to formulary (drug list)	
FULPHILA 6 MG/0.6ML SOLN PRSYR	Added to formulary (drug list)	
Stelara 45 MG/0.5ML SOLUTION	Removed from formulary (drug list)	Ustekinumab 45 MG/0.5ML SOLUTION
Stelara 45 MG/0.5ML SOLN PRSYR	Removed from formulary (drug list)	Ustekinumab 45 MG/0.5ML SOLN PRSYR
Stelara 90 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Ustekinumab 90 MG/ML SOLN PRSYR
Ustekinumab-aekn 45 MG/0.5ML SOLN PRSYR	Added to formulary (drug list)	
Ustekinumab-aekn 90 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Udenyca 6 MG/0.6ML SOLN PRSYR	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Udenyca 6 MG/0.6ML SOLN A-INJ	Added to formulary (drug list)	

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