



## Blue Shield 65 Plus Choice Plan (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	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.

#### Blue Shield of California

60112th Street, Oakland, CA 94607-3613

Blue Shield of California is an independent member of the Blue Shield Association

Y0118\_24\_467A\_C 08212024

H2819\_24\_467A\_C Accepted 10092024

[blueshieldca.com](https://blueshieldca.com)

<b>INS</b>	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.
------------	-----------------	--

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

EFFECTIVE 02/2025		
Drug Name	Description of Change	Alternative
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	- Formulary Removal	
FENTANYL CITRATE 1200 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 1600 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 200 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 400 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 600 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 800 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
ITOVEBI 3 MG TAB <i>inavolisib</i>	- Added to Tier 5 - Added	

EFFECTIVE 02/2025		
Drug Name	Description of Change	Alternative
ITOVEBI 9 MG TAB <i>inavolisib</i>	- Added to Tier 5 - Added	
<i>mesna tab 400 mg</i>	- Added to Tier 4	
<i>methadone hcl inj 10 mg/ml</i>	- Added to Tier 4 - NDS Added - Added	
<i>mexiletine hcl cap 150 mg</i>	- Added to Tier 2	
<i>mexiletine hcl cap 200 mg</i>	- Added to Tier 2	
<i>mexiletine hcl cap 250 mg</i>	- Added to Tier 2	
<i>norethindrone acetate tab 5 mg</i>	- Added to Tier 2	
NYVEPRIA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-apgf</i>	- Added to Tier 5 - Change	
PREVYMIS 120 MG PACKET <i>letermovir</i>	- Added to Tier 5 - QL Added: 4 / 1 DAYS	
PREVYMIS 20 MG PACKET <i>letermovir</i>	- Added to Tier 5 - QL Added: 4 / 1 DAYS	
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT <i>adalimumab-ryvk</i>	- Added	
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT <i>adalimumab-ryvk</i>	- Added	

EFFECTIVE 02/2025		
Drug Name	Description of Change	Alternative
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PEF SY KT <i>adalimumab-ryvk</i>	- Added	
SPRYCEL 100 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 100 mg tab</i>
SPRYCEL 140 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 140 mg tab</i>
SPRYCEL 20 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 20 mg tab</i>
SPRYCEL 50 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 50 mg tab</i>
SPRYCEL 70 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 70 mg tab</i>
SPRYCEL 80 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 80 mg tab</i>
<i>topiramate sprinkle cap 50 mg</i>	- QL Added: 8 / 1 DAYS	
TAZORAC 0.05 % CREAM <i>tazarotene</i>	- Formulary Removal	<i>tazarotene 0.05 % cream, tazarotene 0.05 % gel</i>
UDENYCA 6 MG/0.6ML SOLN A-INJ <i>pegfilgrastim-cbqv</i>	- Added to Tier 5 - Change	
UDENYCA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-cbqv</i>	- Added to Tier 5 - Change	

EFFECTIVE 03/2025		
Drug Name	Description of Change	Alternative
DEXTROSE 5 % SOLUTION <i>dextrose</i>	- Added to Tier 4	
DEXTROSE-NACL 5-0.9 % SOLUTION <i>dextrose w/ sodium chloride</i>	- Added to Tier 4	
DOVATO 50-300 MG TAB <i>dolutegravir sodium-lamivudine</i>	- Added	
DROPLET PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
DROPLET PEN NEEDLES 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
DROPLET PEN NEEDLES 32G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
DROPLET PEN NEEDLES 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
DROPLET PEN NEEDLES 32G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	- Added to Tier 3	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	- QL Removed: 1 / 28 DAYS	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	- QL Removed: 1 / 28 DAYS	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	

EFFECTIVE 03/2025		
Drug Name	Description of Change	Alternative
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
GNP PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
GNP PEN NEEDLES 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	

EFFECTIVE 03/2025		
Drug Name	Description of Change	Alternative
GNP PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
GNP PEN NEEDLES 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
GOMEKLI 1 MG CAP <i>mirdametininib</i>	- Added	
GOMEKLI 1 MG TAB SOL <i>mirdametininib</i>	- Added	
GOMEKLI 2 MG CAP <i>mirdametininib</i>	- Added	
IMKELDI 80 MG/ML SOLUTION <i>imatinib mesylate</i>	- Added to Tier 5 - Added	
INSUPEN PEN NEEDLES 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
JULUCA 50-25 MG TAB <i>dolutegravir sodium-rilpivirine hcl</i>	- Added	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	- Added to Tier 3	
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
PREHEVBRIO 10 MCG/ML SUSPENSION <i>hepatitis b vaccine 3-antigen recombinant</i>	- Formulary Removal	
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	



## EFFECTIVE 03/2025

Drug Name	Description of Change	Alternative
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
REVUFORJ 110 MG TAB <i>revumenib citrate</i>	- Added to Tier 5 - Added	
REVUFORJ 160 MG TAB <i>revumenib citrate</i>	- Added to Tier 5 - Added	
<i>sacubitril-valsartan tab 24-26 mg</i>	- QL Added: 2 / 1 DAYS	
<i>sacubitril-valsartan tab 49-51 mg</i>	- QL Added: 2 / 1 DAYS	

EFFECTIVE 03/2025		
Drug Name	Description of Change	Alternative
<i>sacubitril-valsartan tab 97-103 mg</i>	- QL Added: 2 / 1 DAYS	
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT <i>adalimumab-ryvk</i>	- Added to Tier 5 - Added - QL Added: 2 / 28 DAYS	
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT <i>adalimumab-ryvk</i>	- Added to Tier 5 - Added - QL Added: 2 / 28 DAYS	
TRIUMEQ 600-50-300 MG TAB <i>abacavir-dolutegravir-lamivudine</i>	- Added	
TRIUMEQ PD 60-5-30 MG TAB SOL <i>abacavir-dolutegravir-lamivudine</i>	- Added	
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
UKONIQ 200 MG TAB <i>umbralisib tosylate</i>	- Formulary Removal	

EFFECTIVE 04/2025		
Drug Name	Description of Change	Alternative
<i>abiraterone acetate tab 250 mg</i>	- Added	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	- Added to Tier 2 - Added	
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN <i>albuterol sulfate</i>	- Added to Tier 2 - Added	
CVS ANTIBACTERIAL GAUZE 2"X2" PAD <i>gauze pads &amp; dressings</i>	- Added to Tier 2	
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
DEXTROSE 5 % SOLUTION <i>dextrose</i>	- Added to Tier 4	
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 04/2025		
Drug Name	Description of Change	Alternative
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
DROPLET PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
E.E.S. 400 400 MG TAB <i>erythromycin ethylsuccinate</i>	- Added to Tier 4	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

## EFFECTIVE 04/2025

Drug Name	Description of Change	Alternative
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC <i>insulin syringe/needle u-500</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	- Tier Decreased: Tier 4 to Tier 2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	- Tier Decreased: Tier 4 to Tier 2	

EFFECTIVE 04/2025		
Drug Name	Description of Change	Alternative
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	- Tier Decreased: Tier 4 to Tier 2	
<i>glucagon for inj 1 mg</i>	- Added to Tier 3 - Added - QL Added: 2 / 2 OVER TIME	
GOMEKLI 1 MG CAP <i>mirdametininb</i>	- QL Added: 126 / 28 DAYS - LA Added	
GOMEKLI 1 MG TAB SOL <i>mirdametininb</i>	- QL Added: 168 / 28 DAYS - LA Added	
GOMEKLI 2 MG CAP <i>mirdametininb</i>	- QL Added: 84 / 28 DAYS - LA Added	
<i>hydrocortisone butyrate oint 0.1%</i>	- ST Removed	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT <i>hydrocortisone butyrate</i>	- ST Removed	
INSUPEN PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
INSUPEN PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	- Added to Tier 3	
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	- Added to Tier 5 - Added	

EFFECTIVE 04/2025		
Drug Name	Description of Change	Alternative
MESNEX 400 MG TAB <i>mesna</i>	- Formulary Removal	<i>mesna 400 mg tab</i>
OPIPZA 10 MG FILM <i>aripiprazole</i>	- Added to Tier 5 - Added	
OPIPZA 2 MG FILM <i>aripiprazole</i>	- Added to Tier 5 - Added	
OPIPZA 5 MG FILM <i>aripiprazole</i>	- Added to Tier 5 - Added	
<i>penicillin g potassium for inj 20000000 unit</i>	- Added to Tier 4	
<i>penicillin g potassium for inj 5000000 unit</i>	- Added to Tier 4	
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i>	- Tier Decreased: Tier 3 to Tier 2	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i>	- Added to Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
<i>rivaroxaban tab 2.5 mg</i>	- QL Added: 2 / 1 DAYS	
RALDESY 10 MG/ML SOLUTION <i>trazodone hcl</i>	- QL Added: 40 / 1 DAYS	
REVUFORJ 25 MG TAB <i>revumenib citrate</i>	- Added	

## EFFECTIVE 04/2025

Drug Name	Description of Change	Alternative
ROMVIMZA 14 MG CAP <i>vimseltinib</i>	- QL Added: 8 / 28 DAYS - Added - LA Added	
ROMVIMZA 20 MG CAP <i>vimseltinib</i>	- QL Added: 8 / 28 DAYS - Added - LA Added	
ROMVIMZA 30 MG CAP <i>vimseltinib</i>	- QL Added: 8 / 28 DAYS - Added - LA Added	
RYBELSUS 1.5 MG TAB <i>semaglutide</i>	- Added to Tier 3 - Added - QL Added: 1 / 1 DAYS	
RYBELSUS 14 MG TAB <i>semaglutide</i>	- Added	
RYBELSUS 3 MG TAB <i>semaglutide</i>	- Added	
RYBELSUS 4 MG TAB <i>semaglutide</i>	- Added to Tier 3 - Added - QL Added: 1 / 1 DAYS	
RYBELSUS 7 MG TAB <i>semaglutide</i>	- Added	
RYBELSUS 9 MG TAB <i>semaglutide</i>	- Added to Tier 3 - Added - QL Added: 1 / 1 DAYS	
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT <i>adalimumab-ryvk</i>	- Added	



EFFECTIVE 04/2025		
Drug Name	Description of Change	Alternative
<i>thioridazine hcl tab 10 mg</i>	- Added to Tier 3 - Added	
<i>thioridazine hcl tab 100 mg</i>	- Added to Tier 3 - Added	
<i>thioridazine hcl tab 25 mg</i>	- Added to Tier 3 - Added	
<i>thioridazine hcl tab 50 mg</i>	- Added to Tier 3 - Added	
<i>topiramate sprinkle cap 50 mg</i>	- Added to Tier 2	
TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
UNIFINE OTC PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	- Added to Tier 4	
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR <i>chikungunya virus vaccine recombinant vlp</i>	- Added to Tier 4	
XARELTO 2.5 MG TAB <i>rivaroxaban</i>	- Added	

EFFECTIVE 04/2025

Drug Name	Description of Change	Alternative
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK <i>selinexor</i>	<ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li><li>- QL Added: 16 / 28 DAYS</li><li>- LA Added</li></ul>	

## EFFECTIVE 05/2025

Drug Name	Description of Change	Alternative
<i>abiraterone acetate tab 250 mg</i>	- Added to Tier 5 - Added - QL Added: 4 / 1 DAYS	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	- Added to Tier 4	
<i>dextrose inj 5%</i>	- Added to Tier 4	
DEXTROSE 5 % SOLUTION <i>dextrose</i>	- Added to Tier 4	
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EASY COMFORT PEN NEEDLES 29G X 4MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EASY COMFORT PEN NEEDLES 29G X 5MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EULEXIN 125 MG CAP <i>flutamide</i>	- Added to Tier 3	
GAVRETO 100 MG CAP <i>pralsetinib</i>	- Added	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	- Added to Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	- Added to Tier 3	

**EFFECTIVE 05/2025**

Drug Name	Description of Change	Alternative
REVUFORJ 25 MG TAB <i>revumenib citrate</i>	<ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- QL Added: 8 / 1 DAYS</li><li>- Added</li><li>- LA Added</li></ul>	
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT <i>adalimumab-ryvk</i>	<ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li><li>- QL Added: 2 / 28 DAYS</li></ul>	
<i>ticagrelor tab 90 mg</i>	<ul style="list-style-type: none"><li>- Added to Tier 3</li><li>- QL Added: 2 / 1 DAYS</li></ul>	
VIVOTIF CAP DR <i>typhoid vaccine</i>	<ul style="list-style-type: none"><li>- Added to Tier 4</li></ul>	

EFFECTIVE 06/2025		
Drug Name	Description of Change	Alternative
<i>abiraterone acetate tab 250 mg</i>	- Tier Decreased: Tier 5 to Tier 2	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	- Added to Tier 2 - Added	
<i>ampicillin sodium for inj 2 gm</i>	- Added to Tier 4	
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA <i>umeclidinium-vilanterol</i>	- Added	
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK <i>avutometinib-defactinib</i>	- Added - QL Added: 66 / 28 OVER TIME - LA Added	
<i>clindamycin phosphate inj 300 mg/2ml</i>	- Added to Tier 4	
<i>eslicarbazepine acetate tab 200 mg</i>	- Added to Tier 4 - QL Added: 1 / 1 DAYS	
<i>eslicarbazepine acetate tab 400 mg</i>	- Added to Tier 4 - QL Added: 1 / 1 DAYS	
<i>eslicarbazepine acetate tab 600 mg</i>	- Added to Tier 4 - QL Added: 2 / 1 DAYS	
<i>eslicarbazepine acetate tab 800 mg</i>	- Added to Tier 4 - QL Added: 2 / 1 DAYS	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC <i>insulin syringes (disposable)</i>	- Added to Tier 3	

## EFFECTIVE 06/2025

Drug Name	Description of Change	Alternative
EDURANT PED 2.5 MG TAB SOL <i>rilpivirine hcl</i>	- Added to Tier 5 - QL Added: 6 / 1 DAYS	
ENSACOVE 100 MG CAP <i>ensartinib hcl</i>	- Added	
ENSACOVE 25 MG CAP <i>ensartinib hcl</i>	- Added	
EULEXIN 125 MG CAP <i>flutamide</i>	- Added to Tier 3	
GNP PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
GOMEKLI 1 MG CAP <i>mirdametinib</i>	- Added to Tier 5 - Added - LA Removed	
GOMEKLI 1 MG TAB SOL <i>mirdametinib</i>	- Added to Tier 5 - Added - LA Removed	
GOMEKLI 2 MG CAP <i>mirdametinib</i>	- Added to Tier 5 - Added - LA Removed	
<i>isotretinoin cap 30 mg</i>	- Added to Tier 4	
IBTROZI 200 MG CAP <i>taletrectinib adipate</i>	- Added	
NIVESTYM 300 MCG/0.5ML SOLN PRSYR <i>filgrastim-aafi</i>	- Added to Tier 5 - Added	

EFFECTIVE 06/2025		
Drug Name	Description of Change	Alternative
NIVESTYM 300 MCG/ML SOLUTION <i>filgrastim-aafi</i>	- Added to Tier 5 - Added	
NIVESTYM 480 MCG/0.8ML SOLN PRSYR <i>filgrastim-aafi</i>	- Added to Tier 5 - Added	
NIVESTYM 480 MCG/1.6ML SOLUTION <i>filgrastim-aafi</i>	- Added to Tier 5 - Added	
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i>	- Added to Tier 2 - QL Added: 11 / 30 OVER TIME	
PURIXAN 2000 MG/100ML SUSPENSION <i>mercaptopurine</i>	- Formulary Removal	<i>mercaptopurine 2000 mg/100ml suspension</i>
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
RALDESY 10 MG/ML SOLUTION <i>trazodone hcl</i>	- Added to Tier 5 - Added	
ROMVIMZA 14 MG CAP <i>vimseltinib</i>	- Added to Tier 5 - Added	
ROMVIMZA 20 MG CAP <i>vimseltinib</i>	- Added to Tier 5 - Added	
ROMVIMZA 30 MG CAP <i>vimseltinib</i>	- Added to Tier 5 - Added	

EFFECTIVE 06/2025

Drug Name	Description of Change	Alternative
SUNLENCA 300 MG TAB <i>lenacapavir sodium</i>	- Added to Tier 5 - QL Added: 24 / 168 OVER TIME - LA Added	
<i>ticagrelor tab 60 mg</i>	- Added to Tier 3 - QL Added: 2 / 1 DAYS	
UNIFINE PENTIPS 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	



EFFECTIVE 07/2025		
Drug Name	Description of Change	Alternative
BRILINTA 90 MG TAB <i>ticagrelor</i>	- Formulary Removal	<i>ticagrelor 90 mg tab</i>
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS	
ENSACOVE 100 MG CAP <i>ensartinib hcl</i>	- QL Added: 2 / 1 DAYS	
ENSACOVE 25 MG CAP <i>ensartinib hcl</i>	- QL Added: 1 / 1 DAYS	
FUZEON 90 MG RECON SOLN <i>enfuvirtide</i>	- Formulary Removal	
GOODSENSE ALCOHOL SWABS 70 % PAD <i>alcohol swabs</i>	- Added to Tier 2	
INSUPEN32G EXTR3ME 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
LIBERVANT 10 MG FILM <i>diazepam (anticonvulsant)</i>	- Formulary Removal	
LIBERVANT 12.5 MG FILM <i>diazepam (anticonvulsant)</i>	- Formulary Removal	
LIBERVANT 15 MG FILM <i>diazepam (anticonvulsant)</i>	- Formulary Removal	
LIBERVANT 5 MG FILM <i>diazepam (anticonvulsant)</i>	- Formulary Removal	
LIBERVANT 7.5 MG FILM <i>diazepam (anticonvulsant)</i>	- Formulary Removal	

EFFECTIVE 07/2025		
Drug Name	Description of Change	Alternative
<i>norethindrone tab 0.35 mg</i>	- Added to Tier 3	
<i>perampanel tab 10 mg</i>	- Added to Tier 4 - QL Added: 1 / 1 DAYS	
<i>perampanel tab 12 mg</i>	- Added to Tier 4 - QL Added: 1 / 1 DAYS	
<i>perampanel tab 2 mg</i>	- Added to Tier 4 - QL Added: 3 / 1 DAYS	
<i>perampanel tab 4 mg</i>	- Added to Tier 4 - QL Added: 1 / 1 DAYS	
<i>perampanel tab 6 mg</i>	- Added to Tier 4 - QL Added: 1 / 1 DAYS	
<i>perampanel tab 8 mg</i>	- Added to Tier 4 - QL Added: 1 / 1 DAYS	
PNV 27-CA/FE/FA 60-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
PROMACTA 12.5 MG PACKET <i>eltrombopag olamine</i>	- Added	
PROMACTA 12.5 MG TAB <i>eltrombopag olamine</i>	- Added	
PROMACTA 25 MG PACKET <i>eltrombopag olamine</i>	- Added	
PROMACTA 25 MG TAB <i>eltrombopag olamine</i>	- Added	

EFFECTIVE 07/2025		
Drug Name	Description of Change	Alternative
PROMACTA 50 MG TAB <i>eltrombopag olamine</i>	- Added	
PROMACTA 75 MG TAB <i>eltrombopag olamine</i>	- Added	
REPATHA 140 MG/ML SOLN PRSYR <i>evolocumab</i>	- QL Removed: 2 / 28 DAYS	
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART <i>evolocumab</i>	- QL Removed: 3.5 / 28 DAYS	
REPATHA SURECLICK 140 MG/ML SOLN A-INJ <i>evolocumab</i>	- QL Removed: 2 / 28 DAYS	
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	- Added to Tier 5 - Added	

EFFECTIVE 08/2025		
Drug Name	Description of Change	Alternative
APTIOM 200 MG TAB <i>eslicarbazepine acetate</i>	- Formulary Removal	<i>eslicarbazepine acetate 200 mg tab</i>
APTIOM 400 MG TAB <i>eslicarbazepine acetate</i>	- Formulary Removal	<i>eslicarbazepine acetate 400 mg tab</i>
APTIOM 600 MG TAB <i>eslicarbazepine acetate</i>	- Formulary Removal	<i>eslicarbazepine acetate 600 mg tab</i>
APTIOM 800 MG TAB <i>eslicarbazepine acetate</i>	- Formulary Removal	<i>eslicarbazepine acetate 800 mg tab</i>
<i>bosentan tab for oral susp 32 mg</i>	- Added	
BRILINTA 60 MG TAB <i>ticagrelor</i>	- Formulary Removal	<i>ticagrelor 60 mg tab</i>
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB <i>iloperidone</i>	- Added to Tier 4 - Added - QL Added: 12 / 30 OVER TIME	
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB <i>iloperidone</i>	- Added to Tier 4 - Added - QL Added: 8 / 30 OVER TIME	
HERNEXEOS 60 MG TAB <i>zongertinib</i>	- Added	

EFFECTIVE 08/2025		
Drug Name	Description of Change	Alternative
IBTROZI 200 MG CAP <i>taletrectinib adipate</i>	- QL Added: 3 / 1 DAYS - LA Added	
KALETRA 400-100 MG/5ML SOLUTION <i>lopinavir-ritonavir</i>	- Added to Tier 4	
MODEYSO 125 MG CAP <i>dordaviprone hcl</i>	- Added	
<i>norethindrone tab 0.35 mg</i>	- Added to Tier 3	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	- Added to Tier 4	
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK <i>alpelisib</i>	- Change	
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK <i>alpelisib</i>	- Change	
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK <i>alpelisib</i>	- Change	
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
<i>rivaroxaban for susp 1 mg/ml</i>	- QL Added: 20 / 1 DAYS	

EFFECTIVE 08/2025

Drug Name	Description of Change	Alternative
<i>topiramate oral soln 25 mg/ml</i>	<ul style="list-style-type: none"><li>- Added to Tier 4</li><li>- Added</li><li>- QL Added: 16 / 1 DAYS</li></ul>	

EFFECTIVE 09/2025		
Drug Name	Description of Change	Alternative
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK <i>avutometinib-defactinib</i>	- Added to Tier 5 - Added	
<i>bosentan tab for oral susp 32 mg</i>	- Added to Tier 5 - Added - QL Added: 4 / 1 DAYS - LA Added	
COMPLERA 200-25-300 MG TAB <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>emtricitab-rilpivir-tenofov df 200-25-300 mg tab</i>
ENSACOVE 100 MG CAP <i>ensartinib hcl</i>	- LA Added	
ENSACOVE 25 MG CAP <i>ensartinib hcl</i>	- LA Added	
ERZOFRI 117 MG/0.75ML SUSP PRSYR <i>paliperidone palmitate</i>	- Added to Tier 5 - QL Added: 0.75 / 28 DAYS	
ERZOFRI 156 MG/ML SUSP PRSYR <i>paliperidone palmitate</i>	- Added to Tier 5 - QL Added: 1 / 28 DAYS	
ERZOFRI 234 MG/1.5ML SUSP PRSYR <i>paliperidone palmitate</i>	- Added to Tier 5 - QL Added: 1.5 / 28 DAYS	
ERZOFRI 351 MG/2.25ML SUSP PRSYR <i>paliperidone palmitate</i>	- Added to Tier 5 - QL Added: 4.5 ML / 365 OVER TIME	
ERZOFRI 39 MG/0.25ML SUSP PRSYR <i>paliperidone palmitate</i>	- Added to Tier 4 - QL Added: 0.25 / 28 DAYS	

EFFECTIVE 09/2025		
Drug Name	Description of Change	Alternative
ERZOFRI 78 MG/0.5ML SUSP PRSYR <i>paliperidone palmitate</i>	- Added to Tier 5 - QL Added: 0.5 / 28 DAYS	
<i>fidaxomicin tab 200 mg</i>	- Added to Tier 5 - Added - QL Added: 20 / 10 OVER TIME	
HERNEXEOS 60 MG TAB <i>zongertinib</i>	- QL Added: 3 / 1 DAYS - LA Added	
KERENDIA 40 MG TAB <i>finerenone</i>	- Added to Tier 4 - Added - QL Added: 1 / 1 DAYS	
MODEYSO 125 MG CAP <i>dordaviprone hcl</i>	- QL Added: 20 / 28 DAYS - LA Added	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	- Added to Tier 2	
OTEZLA XR 75 MG TAB ER 24H <i>apremilast</i>	- Added	
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK <i>apremilast</i>	- Added	
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
PENMENVY RECON SUSP <i>mening (a,c,w&amp;y) oligosacch conj-mening b (rcmb) vacc</i>	- Added to Tier 3	



## EFFECTIVE 09/2025

Drug Name	Description of Change	Alternative
PREZCOBIX 675-150 MG TAB <i>darunavir-cobicistat</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS	
<i>rivaroxaban for susp 1 mg/ml</i>	- Added to Tier 3	
<i>rivaroxaban tab 2.5 mg</i>	- Added to Tier 3	
<i>sacubitril-valsartan tab 24-26 mg</i>	- Added to Tier 3	
<i>sacubitril-valsartan tab 49-51 mg</i>	- Added to Tier 3	
<i>sacubitril-valsartan tab 97-103 mg</i>	- Added to Tier 3	
SPRITAM 250 MG TAB <i>levetiracetam</i>	- QL Change: 2 / 1 DAYS to 6 / 1 DAYS	
SPRITAM 500 MG TAB <i>levetiracetam</i>	- QL Change: 2 / 1 DAYS to 6 / 1 DAYS	
<i>topiramate sprinkle cap 50 mg</i>	- Added to Tier 2 - QL Removed: 8 / 1 DAYS	

EFFECTIVE 10/2025		
Drug Name	Description of Change	Alternative
BRUKINSA 160 MG TAB <i>zanubrutinib</i>	- Added to Tier 5 - Added - LA Added - QL Added: 2 / 1 DAYS	
ENSACOVE 100 MG CAP <i>ensartinib hcl</i>	- Added to Tier 5 - Added	
ENSACOVE 25 MG CAP <i>ensartinib hcl</i>	- Added to Tier 5 - Added	
ENTRESTO 15-16 MG CAP SPRINK <i>sacubitril-valsartan</i>	- Removed	
ENTRESTO 24-26 MG TAB <i>sacubitril-valsartan</i>	- Formulary Removal	<i>sacubitril-valsartan 24-26 mg tab</i>
ENTRESTO 49-51 MG TAB <i>sacubitril-valsartan</i>	- Formulary Removal	<i>sacubitril-valsartan 49-51 mg tab</i>
ENTRESTO 6-6 MG CAP SPRINK <i>sacubitril-valsartan</i>	- Removed	
ENTRESTO 97-103 MG TAB <i>sacubitril-valsartan</i>	- Formulary Removal	<i>sacubitril-valsartan 97-103 mg tab</i>
FYCOMPA 10 MG TAB <i>perampanel</i>	- Formulary Removal	<i>perampanel 10 mg tab</i>
FYCOMPA 12 MG TAB <i>perampanel</i>	- Formulary Removal	<i>perampanel 12 mg tab</i>

EFFECTIVE 10/2025		
Drug Name	Description of Change	Alternative
FYCOMPA 2 MG TAB <i>perampanel</i>	- Formulary Removal	<i>perampanel 2 mg tab</i>
FYCOMPA 4 MG TAB <i>perampanel</i>	- Formulary Removal	<i>perampanel 4 mg tab</i>
FYCOMPA 6 MG TAB <i>perampanel</i>	- Formulary Removal	<i>perampanel 6 mg tab</i>
FYCOMPA 8 MG TAB <i>perampanel</i>	- Formulary Removal	<i>perampanel 8 mg tab</i>
IBTROZI 200 MG CAP <i>taletrectinib adipate</i>	- Added to Tier 5 - Added	
IXCHIQ RECON SOLN <i>chikungunya virus vaccine live</i>	- Formulary Removal	
KOSELUGO 5 MG CAP SPRINK <i>selumetinib sulfate</i>	- Added	
KOSELUGO 7.5 MG CAP SPRINK <i>selumetinib sulfate</i>	- Added	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	- Added to Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	- Added to Tier 3	
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 10/2025

Drug Name	Description of Change	Alternative
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 11/2025		
Drug Name	Description of Change	Alternative
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	- Added to Tier 4	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	- Added to Tier 4	
DERMACINRX PRETRATE 1 MG TAB <i>prenatal multivit-min w/fe-fa</i>	- Formulary Removal	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	- Added to Tier 3	
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL <i>apixaban</i>	- Added to Tier 3 - QL Added: 12 / 1 DAYS	
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL <i>apixaban</i>	- Added to Tier 3 - QL Added: 16 / 1 DAYS	
ELIQUIS 0.15 MG CAP SPRINK <i>apixaban</i>	- Added to Tier 3 - QL Added: 2 / 1 DAYS	
ELIQUIS 0.5 MG TAB SOL <i>apixaban</i>	- Added to Tier 3 - QL Added: 4 / 1 DAYS	
EPRONTIA 25 MG/ML SOLUTION <i>topiramate</i>	- Formulary Removal	<i>topiramate 25 mg/ml solution</i>
<i>glucagon for inj 1 mg</i>	- Added to Tier 3 - QL Added: 2 / 2 OVER TIME	
HERNEXEOS 60 MG TAB <i>zongertinib</i>	- Added to Tier 5 - Added	

## EFFECTIVE 11/2025

Drug Name	Description of Change	Alternative
KISQALI (200 MG DOSE) 200 MG TAB THPK <i>ribociclib succinate</i>	- Change	
KISQALI (400 MG DOSE) 200 MG TAB THPK <i>ribociclib succinate</i>	- Change	
KISQALI (600 MG DOSE) 200 MG TAB THPK <i>ribociclib succinate</i>	- Change	
KOSELUGO 5 MG CAP SPRINK <i>selumetinib sulfate</i>	- Added to Tier 5 - Added - QL Added: 20 / 1 DAYS - LA Added	
KOSELUGO 7.5 MG CAP SPRINK <i>selumetinib sulfate</i>	- Added to Tier 5 - Added - QL Added: 12 / 1 DAYS - LA Added	
<i>lomustine cap 10 mg</i>	- Added	
<i>lomustine cap 100 mg</i>	- Added	
<i>lomustine cap 40 mg</i>	- Added	
MODEYSO 125 MG CAP <i>dordaviprone hcl</i>	- Added to Tier 5 - Added	
OTEZLA XR 75 MG TAB ER 24H <i>apremilast</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	

EFFECTIVE 11/2025		
Drug Name	Description of Change	Alternative
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK <i>apremilast</i>	- Added to Tier 5 - Added - QL Added: 41 / 28 DAYS	
PRENATVITE COMPLETE 1 MG TAB <i>prenatal multivit-min w/fe-fa</i>	- Formulary Removal	
PRENATVITE PLUS 1 MG TAB <i>prenatal multivit-min w/fe-fa</i>	- Formulary Removal	
<i>tadalafil tab 20 mg (pah)</i>	- Added to Tier 5	

EFFECTIVE 12/2025		
Drug Name	Description of Change	Alternative
<i>clozapine orally disintegrating tab 12.5 mg</i>	- Added to Tier 4	
<i>estrogens, conjugated tab 0.3 mg</i>	- Added to Tier 4	
<i>estrogens, conjugated tab 0.45 mg</i>	- Added to Tier 4	
<i>estrogens, conjugated tab 0.625 mg</i>	- Added to Tier 4	
<i>estrogens, conjugated tab 0.9 mg</i>	- Added to Tier 4	
<i>estrogens, conjugated tab 1.25 mg</i>	- Added to Tier 4	
<i>lomustine cap 10 mg</i>	- Added to Tier 4	
<i>lomustine cap 100 mg</i>	- Added to Tier 5	
<i>lomustine cap 40 mg</i>	- Added to Tier 4	
PAZOPANIB HCL 400 MG TAB <i>pazopanib hcl</i>	- Added to Tier 5 - Added - QL Added: 2 / 1 DAYS	



For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost.

Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio.

如欲免費獲取中文協助，請撥打您ID 卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。