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	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**
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
Adapalene 0.1 % CREAM	Removed from formulary (drug list)	Tretinoin Cream (Generic Retin-A)
Albuterol Sulfate 2 MG/5ML SYRUP	Added to formulary (drug list)	
Albuterol Sulfate 8 MG/20ML SYRUP	Added to formulary (drug list)	
Alclometasone Dipropionate 0.05 % CREAM	Moved to a higher tier - Tier 3	Triamcinolone Acetonide 0.1 % ointment/cream
Alclometasone Dipropionate 0.05 % OINTMENT	Moved to a higher tier - Tier 3	Triamcinolone Acetonide 0.1 % ointment/cream
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)
ALPRAZolam ER 2 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 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)
Amoxapine 100 MG TAB	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
Amoxapine 150 MG TAB	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
Amoxapine 25 MG TAB	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
Amoxapine 50 MG TAB	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
Amoxicillin-Pot Clavulanate 400-57 MG CHEW TAB	Moved to a higher tier - Tier 3	Amoxicillin-Pot Clavulanate 400-57 MG/5ML RECON SUSP
Amphotericin B Liposome 50 MG RECON SUSP	Added to formulary (drug list)	
Anastrozole 1 MG TAB	Moved to a lower tier - Tier 1	
Apomorphine HCl 30 MG/3ML SOLN CART	Removed from formulary (drug list)	Pramipexole Immediate Release Tablet, Ropinirole Immediate Release Tablet
Aralast NP 1000 MG RECON SOLN	Added to formulary (drug list)	
Aralast NP 500 MG RECON SOLN	Added to formulary (drug list)	
ARIPiprazole 10 MG TAB	Moved to a lower tier - Tier 3	
ARIPiprazole 15 MG TAB	Moved to a lower tier - Tier 3	
ARIPiprazole 2 MG TAB	Moved to a lower tier - Tier 3	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
ARIPiprazole 20 MG TAB	Moved to a lower tier - Tier 3	
ARIPiprazole 30 MG TAB	Moved to a lower tier - Tier 3	
ARIPiprazole 5 MG TAB	Moved to a lower tier - Tier 3	
Aristada 1064 MG/3.9ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
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 Initio 675 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Asmanex (120 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) 110 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 (60 Metered Doses) 220 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 100 MCG/ACT AEROSOL	Added to formulary (drug list)	
Asmanex HFA 200 MCG/ACT AEROSOL	Added to formulary (drug list)	
Asmanex HFA 50 MCG/ACT AEROSOL	Added to formulary (drug list)	
Bicillin C-R 1200000 UNIT/2ML SUSPENSION	Removed from formulary (drug list)	Bicillin LA Suspension
Bicillin C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	Removed from formulary (drug list)	Bicillin LA Suspension
Bisoprolol-hydroCHLOROthiazide 10-6.25 MG TAB	Moved to a higher tier - Tier 2	Atenolol-Chlorthalidone Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Bisoprolol-hydroCHLOROthiazide 2.5-6.25 MG TAB	Moved to a higher tier - Tier 2	Atenolol-Chlorthalidone Tablet
Bisoprolol-hydroCHLOROthiazide 5-6.25 MG TAB	Moved to a higher tier - Tier 2	Atenolol-Chlorthalidone Tablet
Calcipotriene 0.005 % CREAM	Moved to a higher tier - Tier 4	Betamethasone Dipropionate Aug 0.05 % OINTMENT
Calcipotriene 0.005 % OINTMENT	Moved to a higher tier - Tier 4	Betamethasone Dipropionate Aug 0.05 % OINTMENT
Calcitriol 1 MCG/ML SOLUTION	Removed from formulary (drug list)	Calcitriol Capsule
Calcitriol 3 MCG/GM OINTMENT	Removed from formulary (drug list)	Calcipotriene 0.005% Cream/Ointment
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
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
Cefadroxil 1 GM TAB	Moved to a higher tier - Tier 3	Cefadroxil 500 MG Capsule
cefoTEtan Disodium 1 GM RECON SOLN	Removed from formulary (drug list)	Cefoxitin Sodium Recon Solution, Cefuroxime Sodium Recon Solution
CefoTEtan Disodium 2 GM RECON SOLN	Removed from formulary (drug list)	Cefoxitin Sodium Recon Solution, Cefuroxime Sodium Recon Solution
Chemet 100 MG CAP	Removed from formulary (drug list)	Trientine Capsule
Cholestyramine Light 4 GM PACKET	Moved to a lower tier - Tier 2	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Cholestyramine Light 4 GM/DOSE POWDER	Moved to a lower tier - Tier 2	
Cipro HC 0.2-1 % SUSPENSION	Removed from formulary (drug list)	Ciprofloxacin-Dexamethasone 0.3-0.1 % SUSPENSION
Ciprofloxacin HCl 0.2 % SOLUTION	Removed from formulary (drug list)	Ofloxacin 0.3 % SOLUTION
Clindamycin Phos-Benzoyl Perox 1-5 % GEL	Removed from formulary (drug list)	Benzoyl Peroxide-Erythromycin 5-3 % GEL
Clobetasol Propionate 0.05 % FOAM	Added to formulary (drug list)	
Clobetasol Propionate 0.05 % LIQUID	Added to formulary (drug list)	
Clorazepate Dipotassium 15 MG TAB	Moved to a higher tier - Tier 4	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
Clorazepate Dipotassium 3.75 MG TAB	Moved to a higher tier - Tier 4	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
Clorazepate Dipotassium 7.5 MG TAB	Moved to a higher tier - Tier 4	Alprazolam Immediate Release Tablet (0.25mg, 0.5mg, 1mg, 2mg)
Cortrophin 80 UNIT/ML GEL	Removed from formulary (drug list)	
Cystagon 150 MG CAP	Removed from formulary (drug list)	
Cystagon 50 MG CAP	Removed from formulary (drug list)	
Cystaran 0.44 % SOLUTION	Removed from formulary (drug list)	
Dabigatran Etexilate Mesylate 110 MG CAP	Added to formulary (drug list)	
Dantrolene Sodium 100 MG CAP	Moved to a higher tier - Tier 4	Baclofen Tablet
Dantrolene Sodium 25 MG CAP	Moved to a higher tier - Tier 4	Baclofen Tablet
Dantrolene Sodium 50 MG CAP	Moved to a higher tier - Tier 4	Baclofen Tablet
Dapagliflozin Propanediol 10 MG TAB	Added to formulary (drug list)	
Dapagliflozin Propanediol 5 MG TAB	Added to formulary (drug list)	
Darunavir 600 MG TAB	Moved to a lower tier - Tier 4	
Depo-Estradiol 5 MG/ML OIL	Removed from formulary (drug list)	Estradiol Valerate Oil
Desoximetasone 0.25 % CREAM	Moved to a higher tier - Tier 4	Mometasone Furoate 0.1 % OINTMENT
Desoximetasone 0.25 % OINTMENT	Removed from formulary (drug list)	Mometasone Furoate 0.1 % OINTMENT

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Dextrose 5 % SOLUTION	Moved to a lower tier - Tier 3	
Dextrose-NaCl 5-0.9 % SOLUTION	Moved to a lower tier - Tier 3	
Dextrose-Sodium Chloride 5-0.45 % SOLUTION	Moved to a lower tier - Tier 3	
Dextrose-Sodium Chloride 5-0.9 % SOLUTION	Moved to a lower tier - Tier 3	
Diclofenac Sodium 1 % GEL	Removed from formulary (drug list)	Diclofenac Sodium 1.5 % SOLUTION
Dilantin 100 MG CAP	Added to formulary (drug list)	
Dilantin 30 MG CAP	Added to formulary (drug list)	
Dimethyl Fumarate 120 MG CAP DR	Moved to a lower tier - Tier 4	
Dimethyl Fumarate Starter Pack 120 & 240 MG CPDR THPK	Moved to a lower tier - Tier 4	
Dipentum 250 MG CAP	Removed from formulary (drug list)	Balsalazide Capsule
Doxepin HCl 10 MG CAP	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
Doxepin HCl 100 MG CAP	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
Doxepin HCl 150 MG CAP	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
Doxepin HCl 25 MG CAP	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
Doxepin HCl 50 MG CAP	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
Doxepin HCl 75 MG CAP	Moved to a higher tier - Tier 3	Amitriptyline Tablets, Imipramine HCL Tablets, Nortriptyline Capsules
E.E.S. 400 400 MG TAB	Removed from formulary (drug list)	Erythromycin Base 250mg and 500mg Tablet
Efavirenz-Emtricitab-Tenofo DF 600-200-300 MG TAB	Moved to a lower tier - Tier 4	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Emgality (300 MG Dose) 100 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Emgality 120 MG/ML SOLN A-INJ	Added to formulary (drug list)	
Emgality 120 MG/ML SOLN PRSYR	Added to formulary (drug list)	
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	
EPINEPHrine 0.3 MG/0.3ML SOLN A-INJ	Moved to a higher tier - Tier 3	
Ergotamine-Caffeine 1-100 MG TAB	Added to formulary (drug list)	
Erythromycin Ethylsuccinate 400 MG TAB	Removed from formulary (drug list)	Erythromycin Base 250mg and 500mg Tablet
Erythromycin Ethylsuccinate 400 MG/5ML RECON SUSP	Removed from formulary (drug list)	Clarithromycin Recon Suspension
Estradiol 0.5 MG TAB	Moved to a lower tier - Tier 1	
Estradiol 1 MG TAB	Moved to a lower tier - Tier 1	
Estradiol 2 MG TAB	Moved to a lower tier - Tier 1	
Everolimus 0.25 MG TAB	Moved to a lower tier - Tier 4	
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)	
Firmagon (240 MG Dose) 120 MG/VIAL RECON SOLN	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection

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
FlavoxATE HCl 100 MG TAB	Removed from formulary (drug list)	Oxybutynin Tablet, Solifenacin Tablet
Fluocinolone Acetonide 0.01 % SOLUTION	Added to formulary (drug list)	
Fluocinonide 0.1 % CREAM	Added to formulary (drug list)	
Furosemide 8 MG/ML SOLUTION	Moved to a lower tier - Tier 1	
Galantamine Hydrobromide 12 MG TAB	Moved to a higher tier - Tier 4	Donzepezil 5mg and 10mg Tablets
Galantamine Hydrobromide 4 MG TAB	Moved to a higher tier - Tier 4	Donzepezil 5mg and 10mg Tablets
Galantamine Hydrobromide 8 MG TAB	Moved to a higher tier - Tier 4	Donzepezil 5mg and 10mg Tablets
Gemtesa 75 MG TAB	Moved to a lower tier - Tier 3	
Golytely 236 GM RECON SOLN	Removed from formulary (drug list)	PEG-3350/Electrolytes, Gavilyte
Halobetasol Propionate 0.05 % CREAM	Moved to a higher tier - Tier 4	Betamethasone Dipropionate Aug 0.05 % OINTMENT
Halobetasol Propionate 0.05 % OINTMENT	Moved to a higher tier - Tier 4	Betamethasone Dipropionate Aug 0.05 % OINTMENT
Haloperidol Lactate 5 MG/ML SOLUTION	Moved to a lower tier - Tier 2	
Hemady 20 MG TAB	Removed from formulary (drug list)	Dexamethasone Tablet
HydrALAZINE HCl 10 MG TAB	Moved to a lower tier - Tier 1	
HydrALAZINE HCl 100 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	
Imbruvica 140 MG TAB	Added to formulary (drug list)	
Imbruvica 560 MG TAB	Added to formulary (drug list)	
Indapamide 1.25 MG TAB	Moved to a lower tier - Tier 1	
Indapamide 2.5 MG TAB	Moved to a lower tier - Tier 1	
Indomethacin ER 75 MG CAP ER	Removed from formulary (drug list)	Indometacin 25mg, 50mg Capsule
Insulin Aspart 100 UNIT/ML SOLUTION	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Insulin Aspart FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
Insulin Aspart PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list)	
Isosorb Dinitrate-hydrALAZINE 20-37.5 MG TAB	Removed from formulary (drug list)	Isosorbide Dinitrate Tablet, Hydralazine Tablet as 2 separate drugs
Isosorbide Mononitrate ER 30 MG TAB ER 24H	Moved to a lower tier - Tier 1	
Isosorbide Mononitrate ER 60 MG TAB ER 24H	Moved to a lower tier - Tier 1	
Itraconazole 10 MG/ML SOLUTION	Removed from formulary (drug list)	Itraconazole 100 MG Capsule
Klayesta 100000 UNIT/GM POWDER	Added to formulary (drug list)	
Kloxxado 8 MG/0.1ML LIQUID	Added to formulary (drug list)	
lamoTRIgine 100 MG TAB	Moved to a lower tier - Tier 1	
LamoTRIgine 150 MG TAB	Moved to a lower tier - Tier 1	
LamoTRIgine 200 MG TAB	Moved to a lower tier - Tier 1	
lamoTRIgine 25 MG TAB	Moved to a lower tier - Tier 1	
Lisdexamfetamine Dimesylate 10 MG CAP	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 10 MG CHEW TAB	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 20 MG CAP	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 CAP	Removed from formulary (drug list)	Amphetamine-Dextroamphetamine Extended Release (Generic for Adderall XR)
Lisdexamfetamine Dimesylate 30 MG CHEW TAB	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 40 MG CHEW TAB	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 50 MG CHEW TAB	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 60 MG CHEW TAB	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)
LORazepam 2 MG/ML CONC	Moved to a higher tier - Tier 3	LORazepam 2 MG Tablet
LORazepam Intensol 2 MG/ML CONC	Moved to a higher tier - Tier 3	LORazepam 2 MG Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Loteprednol Etabonate 0.2 % SUSPENSION	Removed from formulary (drug list)	Fluorometholone 0.1 % SUSPENSION, Prednisolone Acetate 1 % SUSPENSION
Loteprednol Etabonate 0.5 % SUSPENSION	Removed from formulary (drug list)	Fluorometholone 0.1 % SUSPENSION, Prednisolone Acetate 1 % SUSPENSION
Lubiprostone 24 MCG CAP	Moved to a lower tier - Tier 2	
Lubiprostone 8 MCG CAP	Moved to a lower tier - Tier 2	
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)	
Lybalvi 5-10 MG TAB	Removed from formulary (drug list)	
Maxidex 0.1 % SUSPENSION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate 0.1 % SOLUTION
Memantine HCl 28 x 5 MG & 21 x 10 MG TAB	Removed from formulary (drug list)	Memantine 5mg and 10mg Tablet
Meprobamate 200 MG TAB	Removed from formulary (drug list)	Cyclobenzaprine 5mg and 10mg Tablet
Meprobamate 400 MG TAB	Removed from formulary (drug list)	Cyclobenzaprine 5mg and 10mg Tablet
Mesalamine 4 GM ENEMA	Moved to a higher tier - Tier 4	Mesalamine ER 0.375 GM Capsule ER 24H
Methotrexate Sodium (PF) 50 MG/2ML SOLUTION	Moved to a lower tier - Tier 2	
Methotrexate Sodium 250 MG/10ML SOLUTION	Moved to a lower tier - Tier 2	
Methotrexate Sodium 50 MG/2ML SOLUTION	Moved to a lower tier - Tier 2	
Methsuximide 300 MG CAP	Moved to a higher tier - Tier 4	Ethosuximide Capsule
MetroNIDAZOLE 0.75 % LOTION	Moved to a higher tier - Tier 4	Metronidazole 0.75 % Gel
Migergot 2-100 MG SUPPOS	Removed from formulary (drug list)	Sumatriptan Succinate 25mg, 50mg, 100mg Tablet
Miglitol 100 MG TAB	Removed from formulary (drug list)	Acarbose Tablet
Miglitol 25 MG TAB	Removed from formulary (drug list)	Acarbose Tablet

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Miglitol 50 MG TAB	Removed from formulary (drug list)	Acarbose Tablet
Moxifloxacin HCl 0.5 % SOLUTION	Moved to a higher tier - Tier 3	Ciprofloxacin HCl 0.3 % SOLUTION
NIFEdipine 10 MG CAP	Removed from formulary (drug list)	Nifedipine Extended Release 30mg, 60mg, and 90mg Tablet
NIFEdipine 20 MG CAP	Removed from formulary (drug list)	Nifedipine Extended Release 30mg, 60mg, and 90mg Tablet
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 0.4 MG/SPRAY SOLUTION	Removed from formulary (drug list)	Nitroglycerin 0.4 MG SL Tablet
Nitroglycerin 0.6 MG SL TAB	Moved to a lower tier - Tier 2	
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
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)	
NovoLOG 100 UNIT/ML SOLUTION	Added to formulary (drug list)	
NovoLOG FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
NovoLOG FlexPen ReliOn 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
NovoLOG PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list)	
NovoLOG ReliOn 100 UNIT/ML SOLUTION	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Nulytely Lemon-Lime 420 GM RECON SOLN	Removed from formulary (drug list)	PEG-3350/Electrolytes, Gavilyte
Nyamyc 100000 UNIT/GM POWDER	Added to formulary (drug list)	
Nymalize 6 MG/ML SOLUTION	Removed from formulary (drug list)	Nimodipine 30mg Capsule
Nystatin 100000 UNIT/GM POWDER	Added to formulary (drug list)	
Nystop 100000 UNIT/GM POWDER	Added to formulary (drug list)	
Nyvepria 6 MG/0.6ML SOLN PRSYR	Removed from formulary (drug list)	Udenyca
Omega-3-acid Ethyl Esters 1 GM CAP	Moved to a lower tier - Tier 2	
oxyCODONE-Acetaminophen 5-325 MG/5ML SOLUTION	Removed from formulary (drug list)	Oxycodone-Acetaminophen 5-325 Mg Tablet
Plenvu 140 GM RECON SOLN	Removed from formulary (drug list)	PEG-3350/Electrolytes, Gavilyte
Polymyxin B Sulfate 500000 UNIT RECON SOLN	Removed from formulary (drug list)	Colistimethate Sodium (CBA) 150 MG RECON SOLN
Potassium Chloride 40 MEQ/100ML SOLUTION	Removed from formulary (drug list)	Potassium Chloride 20 MEQ/100ML SOLUTION
PrednisoLONE Sodium Phosphate 1 % SOLUTION	Moved to a higher tier - Tier 3	Fluorometholone 0.1 % SUSPENSION
PredniSONE 5 MG/5ML SOLUTION	Moved to a higher tier - Tier 3	Prednisone 5 Mg Tablet
PredniSONE Intensol 5 MG/ML CONC	Moved to a higher tier - Tier 4	PredniSONE 5 MG/5ML SOLUTION
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
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
Pyridostigmine Bromide 60 MG/5ML SOLUTION	Removed from formulary (drug list)	Pyridostigmine Bromide 60 Mg Tablet
Qvar RediHaler 40 MCG/ACT AERO BA	Added to formulary (drug list)	
Qvar RediHaler 80 MCG/ACT AERO BA	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Restasis MultiDose 0.05 % EMULSION	Removed from formulary (drug list)	Restasis 0.05 % Emulsion (Non-Multidose bottle)
Revcovi 2.4 MG/1.5ML SOLUTION	Added to formulary (drug list)	
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 2.5 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
Revlimid 5 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Rezdiffra 100 MG TAB	Added to formulary (drug list)	
Rezdiffra 60 MG TAB	Added to formulary (drug list)	
Rezdiffra 80 MG TAB	Added to formulary (drug list)	
Rezurock 200 MG TAB	Removed from formulary (drug list)	Imbruvica Capsule or Tablet, Jakafi Tablet
Sildenafil Citrate 10 MG/ML RECON SUSP	Removed from formulary (drug list)	Sildenafil Citrate 20mg Tablet
Sulfacetamide Sodium 10 % OINTMENT	Moved to a higher tier - Tier 3	Clindamycin Phosphate Gel 1% Gel
Tadalafil (PAH) 20 MG TAB	Moved to a lower tier - Tier 4	
Tenofovir Disoproxil Fumarate 300 MG TAB	Moved to a lower tier - Tier 3	
Tigecycline 50 MG RECON SOLN	Moved to a lower tier - Tier 4	
Topiramate 100 MG TAB	Moved to a lower tier - Tier 1	
Topiramate 200 MG TAB	Moved to a lower tier - Tier 1	
Topiramate 25 MG TAB	Moved to a lower tier - Tier 1	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Topiramate 50 MG TAB	Moved to a lower tier - Tier 1	
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
Trelstar Mixject 3.75 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Trexall 10 MG TAB	Removed from formulary (drug list)	Methotrexate 2.5mg Tablet
Trexall 15 MG TAB	Removed from formulary (drug list)	Methotrexate 2.5mg Tablet
Trexall 5 MG TAB	Removed from formulary (drug list)	Methotrexate 2.5mg Tablet
Trexall 7.5 MG TAB	Removed from formulary (drug list)	Methotrexate 2.5mg Tablet
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)	
Ubrelvy 100 MG TAB	Removed from formulary (drug list)	Nurtec 75mg Tablet
Ubrelvy 50 MG TAB	Removed from formulary (drug list)	Nurtec 75mg Tablet
Vandazole 0.75 % GEL	Removed from formulary (drug list)	Metronidazole 0.75 % Gel
Vosevi 400-100-100 MG TAB	Added to formulary (drug list)	
Yesintek 130 MG/26ML SOLUTION	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)	
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 25000-79000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 3000-10000 UNIT CP DR PART	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
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 60000-189600 UNIT CP DR PART	Added to formulary (drug list)	
ZOLMitriptan 2.5 MG TAB	Removed from formulary (drug list)	Sumatriptan Succinate 25mg, 50mg, 100mg Tablet
ZOLMitriptan 2.5 MG TAB DISP	Removed from formulary (drug list)	Sumatriptan Succinate 25mg, 50mg, 100mg Tablet
ZOLMitriptan 5 MG TAB	Removed from formulary (drug list)	Sumatriptan Succinate 25mg, 50mg, 100mg Tablet
ZOLMitriptan 5 MG TAB DISP	Removed from formulary (drug list)	Sumatriptan Succinate 25mg, 50mg, 100mg Tablet
Zolpidem Tartrate ER 12.5 MG TAB ER	Removed from formulary (drug list)	Zolpidem 5mg and 10mg Tablets
Zolpidem Tartrate ER 6.25 MG TAB ER	Removed from formulary (drug list)	Zolpidem 5mg and 10mg Tablets
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	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Lyrica CR 165 MG TAB ER 24H	Updated quantity limit	
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	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
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	
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	
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

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
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
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)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Ustekinumab-aekn 90 MG/ML SOLN PRSYR	Added to formulary (drug list)	

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