



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

601 12th Street, Oakland, CA 94607-3613

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

Y0118_24_467A_C 08212024

Y0118_24_467A_C Accepted 10092024

blueshieldca.com

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 DATE 1/1/2025

Drug Name	Description of Change	Alternative
Nafcillin Sodium 10 GM RECON SOLN	Moved to lower tier - Tier 4	
Cephalexin 250 MG TAB	Removed from formulary (drug list)	Cephalexin 250 mg, 500 mg capsule
Cephalexin 500 MG TAB	Removed from formulary (drug list)	Cephalexin 250 mg, 500 mg capsule
Cefaclor 125 MG/5ML RECON SUSP	Removed from formulary (drug list)	Cefaclor 250 mg, 500 mg capsule
Cefaclor 375 MG/5ML RECON SUSP	Removed from formulary (drug list)	Cefaclor 250 mg, 500 mg capsule
Cefdinir 125 MG/5ML RECON SUSP	Moved to higher tier - Tier 3	Cefdinir 300 mg capsule
Cefdinir 250 MG/5ML RECON SUSP	Moved to higher tier - Tier 3	Cefdinir 300 mg capsule
Suprax 100 MG CHEW TAB	Removed from formulary (drug list)	Cefixime 400 mg capsule
Suprax 200 MG CHEW TAB	Removed from formulary (drug list)	Cefixime 400 mg capsule
Suprax 500 MG/5ML RECON SUSP	Removed from formulary (drug list)	Cefixime 400 mg capsule
Cefpodoxime Proxetil 100 MG TAB	Moved to higher tier - Tier 4	Cefdinir 300 mg capsule
Cefpodoxime Proxetil 200 MG TAB	Moved to higher tier - Tier 4	Cefdinir 300 mg capsule

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Cefpodoxime Proxetil 50 MG/5ML RECON SUSP	Moved to higher tier - Tier 4	Cefdinir 300 mg capsule
Cefpodoxime Proxetil 100 MG/5ML RECON SUSP	Moved to higher tier - Tier 4	Cefdinir 300 mg capsule
Cefotaxime Sodium 1 GM RECON SOLN	Removed from formulary (drug list)	
Cefotaxime Sodium 2 GM RECON SOLN	Removed from formulary (drug list)	
Ery-Tab 250 MG TAB DR	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet
Erythromycin Base 250 MG TAB DR	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet
Erythromycin 250 MG TAB DR	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet
Ery-Tab 333 MG TAB DR	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet
Erythromycin Base 333 MG TAB DR	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet
Erythromycin 333 MG TAB DR	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet
Ery-Tab 500 MG TAB DR	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet
Erythromycin Base 500 MG TAB DR	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Erythromycin 500 MG TAB DR	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet
Erythrocin Stearate 250 MG TAB	Removed from formulary (drug list)	Erythromycin Base 250 mg, 500 mg tablet
Azithromycin 1 GM PACKET	Moved to higher tier - Tier 3	Azithromycin 200mg/5ml suspension
Clarithromycin 125 MG/5ML RECON SUSP	Moved to higher tier - Tier 4	Clarithromycin 250 mg, 500 mg tablet
Clarithromycin 250 MG/5ML RECON SUSP	Moved to higher tier - Tier 4	Clarithromycin 250 mg, 500 mg tablet
Clarithromycin ER 500 MG TAB ER 24H	Moved to higher tier - Tier 4	Clarithromycin 250 mg, 500 mg tablet
Demeclocycline HCl 150 MG TAB	Removed from formulary (drug list)	Tetracycline HCl 250 mg, 500 mg capsule
Demeclocycline HCl 300 MG TAB	Removed from formulary (drug list)	Tetracycline HCl 250 mg, 500 mg capsule
Minocycline HCl 50 MG TAB	Removed from formulary (drug list)	Minocycline 50 mg, 100 mg capsule
Minocycline HCl 75 MG TAB	Removed from formulary (drug list)	Minocycline 50 mg, 100 mg capsule
Minocycline HCl 100 MG TAB	Removed from formulary (drug list)	Minocycline 50 mg, 100 mg capsule
Tetracycline HCl 250 MG CAP	Moved to higher tier - Tier 4	Doxycycline Monohydrate 50 mg, 100 mg capsule

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Tetracycline HCl 500 MG CAP	Moved to higher tier - Tier 4	Doxycycline Monohydrate 50 mg, 100 mg capsule
Ciprofloxacin 250 MG/5ML (5%) RECON SUSP	Moved to higher tier - Tier 4	Ciprofloxacin 250 mg, 500 mg tablet
Ciprofloxacin 500 MG/5ML (10%) RECON SUSP	Moved to higher tier - Tier 4	Ciprofloxacin 250 mg, 500 mg tablet
Ciprofloxacin HCl 100 MG TAB	Removed from formulary (drug list)	Ciprofloxacin HCl 250 mg, 500 mg tablet
Baxdela 450 MG TAB	Removed from formulary (drug list)	Levofloxacin 250 mg, 500 mg tab, 750 mg tablet
Baxdela 300 MG RECON SOLN	Removed from formulary (drug list)	Levofloxacin 25 mg/ml solution; Levofloxacin in D5W 500 mg/100 ml, 750 mg/150 ml solution
LevoFLOXacin 25 MG/ML SOLUTION	Moved to higher tier - Tier 4	Levofloxacin 250 mg, 500 mg tab, 750 mg tablet
Ofloxacin 300 MG TAB	Removed from formulary (drug list)	Levofloxacin 250 mg, 500 mg tab, 750 mg tablet; Ciprofloxacin 250mg and 50mg tablet
Ofloxacin 400 MG TAB	Removed from formulary (drug list)	Levofloxacin 250 mg, 500 mg tab, 750 mg tablet; Ciprofloxacin 250mg and 50mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Arikayce 590 MG/8.4ML SUSPENSION	Added to formulary - Tier 5	
Gentamicin in Saline 0.8-0.9 MG/ML-% SOLUTION	Removed from formulary (drug list)	Gentamicin Sulfate 40 mg/ml solution
Gentamicin in Saline 1-0.9 MG/ML-% SOLUTION	Removed from formulary (drug list)	Gentamicin Sulfate 40 mg/ml solution
Gentamicin in Saline 1.2-0.9 MG/ML-% SOLUTION	Removed from formulary (drug list)	Gentamicin Sulfate 40 mg/ml solution
Gentamicin in Saline 1.6-0.9 MG/ML-% SOLUTION	Removed from formulary (drug list)	Gentamicin Sulfate 40 mg/ml solution
Paromomycin Sulfate 250 MG CAP	Removed from formulary (drug list)	Metronidazole 250 mg, 500 mg tablet
Tobi Podhaler 28 MG CAP	Removed from formulary (drug list)	Tobramycin 300 mg/5 ml, 300 mg/ 4 ml nebulizer solution
Paser 4 GM PACKET	Removed from formulary (drug list)	
Capastat Sulfate 1 GM RECON SOLN	Removed from formulary (drug list)	
Isoniazid 100 MG/ML SOLUTION	Removed from formulary (drug list)	Isoniazid 50 mg/5ml syrup
Rifater 50-120-300 MG TAB	Removed from formulary (drug list)	Isoniazid 100 mg, 300 mg tablet; Rifampin 150 mg capsule; Pyrazinamide 500 mg tablet; Ethambutol 100 mg, 400 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Amphotericin B Liposome 50 MG RECON SUSP	Removed from formulary (drug list)	Amphotericin B 50 mg recon solution
Griseofulvin Ultramicrosize 125 MG TAB	Moved to higher tier - Tier 4	Terbinafine HCl 250 mg tablet
Griseofulvin Ultramicrosize 250 MG TAB	Moved to higher tier - Tier 4	Terbinafine HCl 250 mg tablet
Cresemba 74.5 MG CAP	Removed from formulary (drug list)	Voriconazole 50 mg, 200 mg tab
Cresemba 186 MG CAP	Removed from formulary (drug list)	Voriconazole 50 mg, 200 mg tab
Cresemba 372 MG RECON SOLN	Removed from formulary (drug list)	Voriconazole 50 mg, 200 mg tab
Itraconazole 10 MG/ML SOLUTION	Moved to lower tier - Tier 4	
Posaconazole 40 MG/ML SUSPENSION	Removed from formulary (drug list)	Itraconazole 100 mg capsule
Caspofungin Acetate 50 MG RECON SOLN	Moved to lower tier - Tier 4	
Micafungin Sodium 50 MG RECON SOLN	Moved to lower tier - Tier 4	
Micafungin Sodium 100 MG RECON SOLN	Moved to lower tier - Tier 4	
Crixivan 200 MG CAP	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Crixivan 400 MG CAP	Removed from formulary (drug list)	
Norvir 100 MG CAP	Removed quantity limit	
Aptivus 100 MG/ML SOLUTION	Removed from formulary (drug list)	
Abacavir Sulfate 300 MG TAB	Moved to higher tier - Tier 4	
Didanosine 200 MG CAP DR	Removed from formulary (drug list)	
Didanosine 250 MG CAP DR	Removed from formulary (drug list)	
Didanosine 400 MG CAP DR	Removed from formulary (drug list)	
LamiVUDine 10 MG/ML SOLUTION	Moved to higher tier - Tier 3	
Triumeq PD 60-5-30 MG TAB SOL	Moved to lower tier - Tier 4	
Livtencity 200 MG TAB	Added to formulary - Tier 5	
ValGANciclovir HCl 50 MG/ML RECON SOLN	Moved to lower tier - Tier 4	Valganciclovir Hcl 450 mg tablet
Pegasys ProClick 180 MCG/0.5ML SOLN A-INJ	Removed from formulary (drug list)	
Harvoni 45-200 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Ledipasvir-Sofosbuvir 90-400 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Harvoni 90-400 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Harvoni 33.75-150 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Harvoni 45-200 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 200-50 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Sofosbuvir-Velpatasvir 400-100 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 400-100 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 150-37.5 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Epclusa 200-50 MG PACKET	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Vosevi 400-100-100 MG TAB	Removed from formulary (drug list)	Mavyret 50-20 mg packet, 100-40 mg tablet
Oseltamivir Phosphate 30 MG CAP	Moved to higher tier - Tier 3	
Oseltamivir Phosphate 45 MG CAP	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Oseltamivir Phosphate 75 MG CAP	Moved to higher tier - Tier 3	
Oseltamivir Phosphate 6 MG/ML RECON SUSP	Moved to lower tier - Tier 3	
Lagevrio 200 MG CAP	Removed from formulary (drug list)	Paxlovid (300/100) 20 x 150 mg & 10 x 100 mg, (150/100) 10 x 150 mg & 10 x 100 mg tablet
Paxlovid (150/100) 10 x 150 MG & 10 x 100MG TAB THPK	Updated quantity limit	
Paxlovid (300/100) 20 x 150 MG & 10 x 100MG TAB THPK	Updated quantity limit	
Coartem 20-120 MG TAB	Moved to higher tier - Tier 4	Atovaquone-Proguanil HCl 250-100 mg, 62.5-25 mg tablet
Stromectol 3 MG TAB	Removed quantity limit	
Tinidazole 250 MG TAB	Moved to higher tier - Tier 4	Metronidazole 250 mg, 500 mg tablet
Tinidazole 500 MG TAB	Moved to higher tier - Tier 4	Metronidazole 250 mg, 500 mg tablet
Ertapenem Sodium 1 GM RECON SOLN	Moved to lower tier - Tier 3	
Chloramphenicol Sod Succinate 1 GM RECON SOLN	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Clindamycin Palmitate HCl 75 MG/5ML RECON SOLN	Moved to higher tier - Tier 4	Clindamycin 75 mg capsule
Clindamycin Phosphate 300 MG/2ML SOLUTION	Removed from formulary (drug list)	Clindamycin 300mg capsule
Cleocin Phosphate 300 MG/2ML SOLUTION	Removed from formulary (drug list)	Clindamycin 300mg capsule
Cleocin Phosphate 600 MG/4ML SOLUTION	Removed from formulary (drug list)	Clindamycin 300mg capsule
Synercid 150-350 MG RECON SOLN	Removed from formulary (drug list)	
Vancomycin HCl 5 GM RECON SOLN	Added to formulary - Tier 4	
Dapsone 25 MG TAB	Moved to higher tier - Tier 3	
Dapsone 100 MG TAB	Moved to higher tier - Tier 3	
Methenamine Hippurate 1 GM TAB	Moved to higher tier - Tier 4	Sulfamethoxazole-Trimethoprim tablet; Nitrofurantoin Macrocrystal 50 mg, 100 mg capsule
Nitrofurantoin Macrocrystal 25 MG CAP	Removed from formulary (drug list)	Sulfamethoxazole-Trimethoprim tablet; Nitrofurantoin Macrocrystal 50 mg, 100 mg capsule
Dengvaxia RECON SUSP	Moved to higher tier - Tier 4	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Flebogamma DIF 0.5 GM/10ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Flebogamma DIF 2.5 GM/50ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammaplex 5 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Flebogamma DIF 5 GM/100ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Gammagard S/D Less IgA 5 GM RECON SOLN	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Carimune NF 6 GM RECON SOLN	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammagard S/D Less IgA 10 GM RECON SOLN	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Carimune NF 12 GM RECON SOLN	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Gammagard 20 GM/200ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Gammagard 30 GM/300ML SOLUTION	Removed from formulary (drug list)	Gamunex-C 1 gm/10 ml, 2.5 gm/25 ml, 5 gm/50 ml, 20 gm/200 ml, 40 gm/400 ml, 10 gm/100 ml solution; Haegarda 2000 unit recon solution
Beyfortus 50 MG/0.5ML SOLN PRSYR	Removed from formulary (drug list)	
Beyfortus 100 MG/ML SOLN PRSYR	Removed from formulary (drug list)	
Gleostine 40 MG CAP	Moved to lower tier - Tier 4	
Exkivity 40 MG CAP	Removed from formulary (drug list)	
Exemestane 25 MG TAB	Moved to higher tier - Tier 4	Letrozole 2.5 mg tablet; Anastrozole 1mg tablet
Emcyt 140 MG CAP	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
HYDROXYprogesterone Caproate 1.25 GM/5ML SOLUTION	Removed from formulary (drug list)	
Depo-Provera 400 MG/ML SUSPENSION	Removed from formulary (drug list)	
Leuprolide Acetate 1 MG/0.2ML KIT	Moved to lower tier - Tier 4	
Eligard 7.5 MG KIT	Removed from formulary (drug list)	Leuprolide Acetate 1 mg/0.2 ml KIT
Eligard 22.5 MG KIT	Removed from formulary (drug list)	Leuprolide Acetate 1 mg/0.2 ml KIT
Eligard 30 MG KIT	Removed from formulary (drug list)	Leuprolide Acetate 1 mg/0.2 ml KIT
Eligard 45 MG KIT	Removed from formulary (drug list)	Leuprolide Acetate 1 mg/0.2 ml KIT
Imbruvica 140 MG CAP	Updated quantity limit	
Imbruvica 140 MG TAB	Updated quantity limit	
Imbruvica 560 MG TAB	Removed from formulary (drug list)	Imbruvica 70 mg, 140 mg capsule; 280 mg, 420 mg tablet
Imbruvica 70 MG/ML SUSPENSION	Updated quantity limit	
Turalio 200 MG CAP	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Zejula 100 MG CAP	Removed from formulary (drug list)	Zejula 100 mg, 200 mg, 300 mg tablet
Xpovio (40 MG Once Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	
Xpovio (40 MG Twice Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	
Xpovio (100 MG Once Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	
Xpovio (80 MG Once Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	
Xpovio (60 MG Once Weekly) 20 MG TAB THPK	Removed from formulary (drug list)	
Intron A 6000000 UNIT/ML SOLUTION	Removed from formulary (drug list)	
Intron A 10000000 UNIT/ML SOLUTION	Removed from formulary (drug list)	
Intron A 10000000 UNIT RECON SOLN	Removed from formulary (drug list)	
Intron A 18000000 UNIT RECON SOLN	Removed from formulary (drug list)	
Intron A 50000000 UNIT RECON SOLN	Removed from formulary (drug list)	
Budesonide ER 9 MG TAB ER 24H	Moved to lower tier - Tier 4	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Cortisone Acetate 25 MG TAB	Moved to higher tier - Tier 4	Decadron 0.5 mg, 0.75 mg, 0.75 mg, 4 mg, 6 mg tablet
Dexamethasone Sodium Phosphate 4 MG/ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension
Dexamethasone Sodium Phosphate 10 MG/ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
dexAMETHasone Sodium Phosphate 20 MG/5ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension
Dexamethasone Sodium Phosphate 120 MG/30ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension
Dexamethasone Sodium Phosphate 100 MG/10ML SOLUTION	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe; Methylprednisolone Acetate 40 mg/ml, 80 mg/ml suspension

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Solu-CORTEF 100 MG RECON SOLN	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe
Solu-CORTEF 250 MG RECON SOLN	Removed from formulary (drug list)	Dexamethasone Sodium Phosphate PF 10 mg/ml solution; Dexamethasone Sodium Phosphate 4 mg/ml prefilled syringe
Medrol 2 MG TAB	Removed from formulary (drug list)	Methylprednisolone 4 mg tablet
MethylPREDNISolone Acetate 80 MG/ML SUSPENSION	Added to formulary - Tier 4	
SOLU-Medrol 2 GM RECON SOLN	Removed from formulary (drug list)	Methylprednisolone Sodium Succ 40 mg, 125 mg recon solution
prednisolONE 5 MG TAB	Removed from formulary (drug list)	Prednisolone 15 mg/5 ml solution

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Millipred 5 MG TAB	Removed from formulary (drug list)	Prednisolone 15 mg/5 ml solution; Decadron 0.5 mg, 0.75 mg, 0.75 mg, 4 mg, 6 mg tablet; Methylprednisolone 4 mg, 8 mg, 16 mg, 32 mg tablet
Danazol 50 MG CAP	Moved to higher tier - Tier 4	
Danazol 100 MG CAP	Moved to higher tier - Tier 4	
Danazol 200 MG CAP	Moved to higher tier - Tier 4	
Oxandrolone 2.5 MG TAB	Removed from formulary (drug list)	
Oxandrolone 10 MG TAB	Removed from formulary (drug list)	
Anadrol-50 50 MG TAB	Removed from formulary (drug list)	
Dotti 0.025 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Lyllana 0.025 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Estradiol 0.025 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Dotti 0.0375 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Lyllana 0.0375 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Estradiol 0.0375 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Dotti 0.05 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Lyllana 0.05 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Estradiol 0.05 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Estradiol 0.075 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Dotti 0.075 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Lyllana 0.075 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Dotti 0.1 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Lyllana 0.1 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Estradiol 0.1 MG/24HR PATCH TW	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Estradiol 0.025 MG/24HR PATCH WK	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Estradiol 0.0375 MG/24HR PATCH WK	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Estradiol 0.05 MG/24HR PATCH WK	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Estradiol 0.06 MG/24HR PATCH WK	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Estradiol 0.075 MG/24HR PATCH WK	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Estradiol 0.1 MG/24HR PATCH WK	Moved to higher tier - Tier 3	Estradiol 0.5 mg, 1 mg, 2 mg tablet
Prempro 0.3-1.5 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet
Prempro 0.45-1.5 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet
Prempro 0.625-2.5 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet
Prempro 0.625-5 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet
Premphase 0.625-5 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Estradiol-Norethindrone Acet 0.5-0.1 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet
Amabelz 0.5-0.1 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet
Estradiol-Norethindrone Acet 1-0.5 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet
Mimvey 1-0.5 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 mg-mcg, 1.5 mg-mcg tablet
Lopreeza 1-0.5 MG TAB	Removed from formulary (drug list)	Fyavolv 1-5 mg-mcg, 0.5-2.5 mg-mcg tablet
Amabelz 1-0.5 MG TAB	Removed from formulary (drug list)	Norethindrone-Eth Estradiol 0.5-2.5 MG-MCG TAB Norethindrone-Eth Estradiol 1-5 MG-MCG TAB
Norethindrone-Eth Estradiol 0.5-2.5 MG-MCG TAB	Moved to higher tier - Tier 4	
Fyavolv 0.5-2.5 MG-MCG TAB	Moved to higher tier - Tier 4	Norethindrone Acet-Ethinyl Est 1-20 mg-mcg tablet
Jinteli 1-5 MG-MCG TAB	Moved to higher tier - Tier 4	Norethindrone Acet-Ethinyl Est 1-20 mg-mcg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Norethindrone-Eth Estradiol 1-5 MG-MCG TAB	Moved to higher tier - Tier 4	
Fyavolv 1-5 MG-MCG TAB	Moved to higher tier - Tier 4	Norethindrone Acet-Ethinyl Est 1-20 mg-mcg tablet
Lyza 0.35 MG TAB	Moved to higher tier - Tier 3	
Deblitane 0.35 MG TAB	Moved to higher tier - Tier 3	
Sharobel 0.35 MG TAB	Moved to higher tier - Tier 3	
Jencycla 0.35 MG TAB	Moved to higher tier - Tier 3	
Norlyroc 0.35 MG TAB	Moved to higher tier - Tier 3	
Norlyda 0.35 MG TAB	Moved to higher tier - Tier 3	
Tulana 0.35 MG TAB	Moved to higher tier - Tier 3	
Incassia 0.35 MG TAB	Moved to higher tier - Tier 3	
Emzahh 0.35 MG TAB	Added to formulary - Tier 3	
Lyleq 0.35 MG TAB	Moved to higher tier - Tier 3	
Norethindrone 0.35 MG TAB	Moved to higher tier - Tier 3	
Camila 0.35 MG TAB	Moved to higher tier - Tier 3	
Nora-BE 0.35 MG TAB	Moved to higher tier - Tier 3	
Errin 0.35 MG TAB	Moved to higher tier - Tier 3	
Heather 0.35 MG TAB	Moved to higher tier - Tier 3	
Depo-SubQ Provera 104 104 MG/0.65ML SUSP PRSYR	Moved to lower tier - Tier 3	
Liletta (52 MG) 20.1 MCG/DAY IUD	Added to formulary - Tier 3	
Nexplanon 68 MG IMPLANT	Added to formulary - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Norelgestromin-Eth Estradiol 150-35 MCG/24HR PATCH WK	Moved to lower tier - Tier 3	
Xulane 150-35 MCG/24HR PATCH WK	Moved to lower tier - Tier 3	
Zafemy 150-35 MCG/24HR PATCH WK	Moved to lower tier - Tier 3	
Etonogestrel-Ethinyl Estradiol 0.12-0.015 MG/24HR RING	Moved to lower tier - Tier 3	
EluRyng 0.12-0.015 MG/24HR RING	Moved to lower tier - Tier 3	
Haloette 0.12-0.015 MG/24HR RING	Moved to lower tier - Tier 3	
EnilloRing 0.12-0.015 MG/24HR RING	Moved to lower tier - Tier 3	
Enskyce 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Juleber 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Emoquette 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Cyred 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Cyred EQ 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Isibloom 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Kalliga 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Desogestrel-Ethinyl Estradiol 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Apri 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Reclipsen 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Syeda 3-0.03 MG TAB	Moved to higher tier - Tier 3	
Zarah 3-0.03 MG TAB	Moved to higher tier - Tier 3	
Zumandimine 3-0.03 MG TAB	Moved to higher tier - Tier 3	
Drospirenone-Ethinyl Estradiol 3-0.03 MG TAB	Moved to higher tier - Tier 3	
Ocella 3-0.03 MG TAB	Moved to higher tier - Tier 3	
Ethinodiol Diac-Eth Estradiol 1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Zovia 1/35E (28) 1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Zovia 1/35 (28) 1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Kelnor 1/35 1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Falmina 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Aubra 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Aubra EQ 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Orsythia 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Vienva 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Delyla 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Larissia 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Afirmelle 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Levonorgestrel-Ethinyl Estrad 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Aviane 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Lutera 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Lessina 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Sronyx 0.1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Altavera 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Marlissa 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Kurvelo 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Chateal 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Lillow 0.15-30 MG-MCG TAB	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Nortrel 1/35 (28) 1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Nortrel 1/35 (21) 1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Norethindrone Acet-Ethinyl Est 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Junel 1/20 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Loestrin 1/20 (21) 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Microgestin 1/20 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Larin 1/20 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Aurovela 1/20 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Norethindrone Acet-Ethinyl Est 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Junel 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Loestrin 1.5/30 (21) 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Microgestin 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Larin 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Aurovela 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Hailey 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Elinest 0.3-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Turqoz 0.3-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Low-Ogestrel 0.3-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Cryselle-28 0.3-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Previfem 0.25-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Estarylla 0.25-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Mono-Linyah 0.25-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Mili 0.25-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Femynor 0.25-35 MG-MCG TAB	Moved to higher tier - Tier 3	
VyLibra 0.25-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Nymyo 0.25-35 MG-MCG TAB	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Tarina FE 1/20 EQ 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Blisovi FE 1/20 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Aurovela FE 1/20 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Hailey FE 1/20 1-20 MG-MCG TAB	Moved to higher tier - Tier 3	
Norethin Ace-Eth Estrad-FE 1-20 MG-MCG(24) TAB	Removed from formulary (drug list)	Norethin Ace-Eth Estrad-FE 1-20 mg-mcg, 1.5-30 mg-mcg table
Junel Fe 24 1-20 MG-MCG(24) TAB	Removed from formulary (drug list)	
Microgestin 24 Fe 1-20 MG-MCG TAB	Removed from formulary (drug list)	Microgestin FE 1.5/30 1.5-30 mg-mcg, 1/20 1-20 mg-mcg tablet; Norethin Ace-Eth Estrad-FE 1-20 mg-mcg, 1.5-30 mg-mcg table
Blisovi 24 Fe 1-20 MG-MCG(24) TAB	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Larin 24 FE 1-20 MG-MCG(24) TAB	Removed from formulary (drug list)	Norethin Ace-Eth Estrad-FE 1-20 mg-mcg; Junel FE 1/20 1-20 mg-mcg; Loestrin Fe 1/20 1-20 mg-mcg; Microgestin FE 1/20 1-20 mg-mcg; Larin Fe 1/20 1-20 mg-mcg tablet
Hailey 24 Fe 1-20 MG-MCG(24) TAB	Removed from formulary (drug list)	
Aurovela 24 FE 1-20 MG-MCG(24) TAB	Removed from formulary (drug list)	
Tarina 24 Fe 1-20 MG-MCG(24) TAB	Removed from formulary (drug list)	Tarina FE 1/20 1-20 mg-mcg; Tarina FE 1/20 EQ 1-20 mg-mcg tablet
Norethin Ace-Eth Estrad-FE 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Junel FE 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Loestrin Fe 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Microgestin FE 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Larin Fe 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Blisovi Fe 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Aurovela Fe 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Hailey FE 1.5/30 1.5-30 MG-MCG TAB	Moved to higher tier - Tier 3	
Azurette 0.15-0.02/0.01 MG (21/5) TAB	Moved to higher tier - Tier 3	
Pimtrea 0.15-0.02/0.01 MG (21/5) TAB	Moved to higher tier - Tier 3	
Viorele 0.15-0.02/0.01 MG (21/5) TAB	Moved to higher tier - Tier 3	
Bekyree 0.15-0.02/0.01 MG (21/5) TAB	Moved to higher tier - Tier 3	
Simliya 0.15-0.02/0.01 MG (21/5) TAB	Moved to higher tier - Tier 3	
Volnea 0.15-0.02/0.01 MG (21/5) TAB	Moved to higher tier - Tier 3	
Desogestrel-Ethinyl Estradiol 0.15-0.02/0.01 MG (21/5) TAB	Moved to higher tier - Tier 3	
Kariva 0.15-0.02/0.01 MG (21/5) TAB	Moved to higher tier - Tier 3	
Caziant 0.1/0.125/0.15 -0.025 MG TAB	Moved to higher tier - Tier 3	
Velivet 0.1/0.125/0.15 -0.025 MG TAB	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Levonest 50-30/75-40/ 125-30 MCG TAB	Moved to higher tier - Tier 3	
Levonorg-Eth Estrad Triphasic 50-30/75-40/ 125-30 MCG TAB	Moved to higher tier - Tier 3	
Trivora (28) 50-30/75-40/ 125-30 MCG TAB	Moved to higher tier - Tier 3	
Enpresse-28 50-30/75-40/ 125-30 MCG TAB	Moved to higher tier - Tier 3	
Cyclafem 7/7/7 0.5/0.75/1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Alyacen 7/7/7 0.5/0.75/1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Dasetta 7/7/7 0.5/0.75/1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Pirmella 7/7/7 0.5/0.75/1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Nylia 7/7/7 0.5/0.75/1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Nortrel 7/7/7 0.5/0.75/1-35 MG-MCG TAB	Moved to higher tier - Tier 3	
Tri-Previfem 0.18/0.215/0.25 MG-35 MCG TAB	Moved to higher tier - Tier 3	
Tri-Estarylla 0.18/0.215/0.25 MG-35 MCG TAB	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Tri-Linyah 0.18/0.215/0.25 MG-35 MCG TAB	Moved to higher tier - Tier 3	
Tri-Mili 0.18/0.215/0.25 MG-35 MCG TAB	Moved to higher tier - Tier 3	
Tri Femynor 0.18/0.215/0.25 MG-35 MCG TAB	Moved to higher tier - Tier 3	
Tri-VyLibra 0.18/0.215/0.25 MG-35 MCG TAB	Moved to higher tier - Tier 3	
Tri-Nymyo 0.18/0.215/0.25 MG-35 MCG TAB	Moved to higher tier - Tier 3	
Norgestim-Eth Estrad Triphasic 0.18/0.215/0.25 MG-35 MCG TAB	Moved to higher tier - Tier 3	
Tri-Sprintec 0.18/0.215/0.25 MG-35 MCG TAB	Moved to higher tier - Tier 3	
Camrese Lo 0.1-0.02 & 0.01 MG TAB	Moved to higher tier - Tier 3	
Amethia Lo 0.1-0.02 & 0.01 MG TAB	Moved to higher tier - Tier 3	
LoJaimiess 0.1-0.02 & 0.01 MG TAB	Moved to higher tier - Tier 3	
Levonorgest-Eth Estrad 91-Day 0.1-0.02 & 0.01 MG TAB	Moved to higher tier - Tier 3	
Introvale 0.15-0.03 MG TAB	Moved to higher tier - Tier 3	
Jolessa 0.15-0.03 MG TAB	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Setlakin 0.15-0.03 MG TAB	Moved to higher tier - Tier 3	
Iclevia 0.15-0.03 MG TAB	Moved to higher tier - Tier 3	
Levonorgest-Eth Estrad 91-Day 0.15-0.03 MG TAB	Moved to higher tier - Tier 3	
Amethia 0.15-0.03 &0.01 MG TAB	Moved to higher tier - Tier 4	
Ashlyna 0.15-0.03 &0.01 MG TAB	Moved to higher tier - Tier 4	
Camrese 0.15-0.03 &0.01 MG TAB	Moved to higher tier - Tier 4	
Daysee 0.15-0.03 &0.01 MG TAB	Moved to higher tier - Tier 4	
Simpesse 0.15-0.03 &0.01 MG TAB	Moved to higher tier - Tier 4	Setlakin 0.15-0.03 mg tablet
Jaimiess 0.15-0.03 &0.01 MG TAB	Moved to higher tier - Tier 4	
Levonorgest-Eth Estrad 91-Day 0.15-0.03 &0.01 MG TAB	Moved to higher tier - Tier 4	Levonorgest-Eth Estrad 91-Day 0.15-0.03 mg tablet
Amethyst 90-20 MCG TAB	Removed from formulary (drug list)	
Dolishale 90-20 MCG TAB	Removed from formulary (drug list)	
Levonorgestrel-Ethinyl Estrad 90- 20 MCG TAB	Removed from formulary (drug list)	Levonorgestrel-Ethinyl Estrad 0.1-20 mg- mcg; 0.15-30 mg-mcg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Megestrol Acetate 625 MG/5ML SUSPENSION	Removed from formulary (drug list)	Megestrol Acetate 40 mg/ml suspension
HumaLOG Mix 50/50 (50-50) 100 UNIT/ML SUSPENSION	Removed from formulary (drug list)	Humalog Mix 50/50 Kwikpen
SymLinPen 60 1500 MCG/1.5ML SOLN PEN	Removed from formulary (drug list)	Mounjaro 2.5 mg/0.5 ml, 5mg/0.5 ml, 7.5mg/0.5 ml, 10 mg/0.5 ml, 15 mg/0.5 ml, 12.5mg/0.5 ml solution pen; Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen; Trulicity 0.75 mg/0.5 ml, 1.5 mg/0.5 ml, Trulicity 3 mg/0.5 ml, 4.5 mg/0.5 ml solution pen

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
SymlinPen 120 2700 MCG/2.7ML SOLN PEN	Removed from formulary (drug list)	Mounjaro 2.5 mg/0.5 ml, 5mg/0.5 ml, 7.5mg/0.5 ml, 10 mg/0.5 ml, 15 mg/0.5 ml, 12.5mg/0.5 ml solution pen; Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen; Trulicity 0.75 mg/0.5 ml, 1.5 mg/0.5 ml, Trulicity 3 mg/0.5 ml, 4.5 mg/0.5 ml solution pen
Byetta 5 MCG Pen 5 MCG/0.02ML SOLN PEN	Removed from formulary (drug list)	Mounjaro 2.5 mg/0.5 ml, 5mg/0.5 ml, 7.5mg/0.5 ml, 10 mg/0.5 ml, 15 mg/0.5 ml, 12.5mg/0.5 ml solution pen; Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen; Trulicity 0.75 mg/0.5 ml, 1.5 mg/0.5 ml, Trulicity 3 mg/0.5 ml, 4.5 mg/0.5 ml solution pen

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Byetta 10 MCG Pen 10 MCG/0.04ML SOLN PEN	Removed from formulary (drug list)	Mounjaro 2.5 mg/0.5 ml, 5mg/0.5 ml, 7.5mg/0.5 ml, 10 mg/0.5 ml, 15 mg/0.5 ml, 12.5mg/0.5 ml solution pen; Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen; Trulicity 0.75 mg/0.5 ml, 1.5 mg/0.5 ml, Trulicity 3 mg/0.5 ml, 4.5 mg/0.5 ml solution pen
Victoza 18 MG/3ML SOLN PEN	Removed from formulary (drug list)	Mounjaro 2.5 mg/0.5 ml, 5mg/0.5 ml, 7.5mg/0.5 ml, 10 mg/0.5 ml, 15 mg/0.5 ml, 12.5mg/0.5 ml solution pen; Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen; Trulicity 0.75 mg/0.5 ml, 1.5 mg/0.5 ml, Trulicity 3 mg/0.5 ml, 4.5 mg/0.5 ml solution pen

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Ozempic (0.25 or 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	Removed from formulary (drug list)	Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen
Ozempic (1 MG/DOSE) 2 MG/1.5ML SOLN PEN	Removed from formulary (drug list)	Ozempic (1 mg/dose) 4 mg/3 ml, (0.25 or 0.5 mg/dose) 2 mg/3 ml, (2 mg/dose) 8 mg/3 ml solution pen
TOLBUTamide 500 MG TAB	Removed from formulary (drug list)	Glyburide 1.25 mg, 2.5 mg, 5 mg tablet
Miglitol 25 MG TAB	Moved to higher tier - Tier 4	Acarbose 25 mg, 50 mg, 100 mg tablet
Miglitol 50 MG TAB	Moved to higher tier - Tier 4	Acarbose 25 mg, 50 mg, 100 mg tablet
Miglitol 100 MG TAB	Moved to higher tier - Tier 4	Acarbose 25 mg, 50 mg, 100 mg tablet
Tirosint 13 MCG CAP	Removed from formulary (drug list)	
Tirosint 25 MCG CAP	Removed from formulary (drug list)	
Tirosint 37.5 MCG CAP	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Tirosint 44 MCG CAP	Removed from formulary (drug list)	
Tirosint 50 MCG CAP	Removed from formulary (drug list)	
Tirosint 62.5 MCG CAP	Removed from formulary (drug list)	
Tirosint 75 MCG CAP	Removed from formulary (drug list)	
Tirosint 88 MCG CAP	Removed from formulary (drug list)	
Tirosint 100 MCG CAP	Removed from formulary (drug list)	
Tirosint 112 MCG CAP	Removed from formulary (drug list)	
Tirosint 125 MCG CAP	Removed from formulary (drug list)	
Tirosint 137 MCG CAP	Removed from formulary (drug list)	
Tirosint 150 MCG CAP	Removed from formulary (drug list)	
Tirosint 175 MCG CAP	Removed from formulary (drug list)	
Tirosint 200 MCG CAP	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Alendronate Sodium 70 MG/75ML SOLUTION	Moved to higher tier - Tier 4	Alendronate 70mg tablet
Pamidronate Disodium 30 MG/10ML SOLUTION	Removed from formulary (drug list)	Ibandronate Sodium 3 mg/3 ml solution; Zoledronic Acid 4 mg/100 ml, 5 mg/100 ml solution
Pamidronate Disodium 6 MG/ML SOLUTION	Removed from formulary (drug list)	Ibandronate Sodium 3 mg/3 ml solution; Zoledronic Acid 4 mg/100 ml, 5 mg/100 ml solution
Pamidronate Disodium 90 MG/10ML SOLUTION	Removed from formulary (drug list)	Ibandronate Sodium 3 mg/3 ml solution; Zoledronic Acid 4 mg/100 ml, 5 mg/100 ml solution
Risedronate Sodium 5 MG TAB	Moved to higher tier - Tier 4	Alendronate Sodium 10 mg, 35 mg, 70 mg tablet
Risedronate Sodium 30 MG TAB	Removed from formulary (drug list)	Alendronate Sodium 10 mg, 35 mg, 70 mg tablet
Risedronate Sodium 35 MG TAB	Moved to higher tier - Tier 4	Alendronate Sodium 10 mg, 35 mg, 70 mg tablet
Risedronate Sodium 150 MG TAB	Moved to higher tier - Tier 4	Alendronate Sodium 10 mg, 35 mg, 70 mg tablet
Risedronate Sodium 35 MG TAB DR	Removed from formulary (drug list)	Alendronate Sodium 10 mg, 35 mg, 70 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Natpara 25 MCG CARTRIDGE	Removed from formulary (drug list)	
Natpara 50 MCG CARTRIDGE	Removed from formulary (drug list)	
Natpara 75 MCG CARTRIDGE	Removed from formulary (drug list)	
Natpara 100 MCG CARTRIDGE	Removed from formulary (drug list)	
Forteo 600 MCG/2.4ML SOLN PEN	Removed from formulary (drug list)	Tymlos 3120 mcg/1.56 ml pen solution
Raloxifene HCl 60 MG TAB	Moved to higher tier - Tier 3	Alendronate Sodium 10 mg, 35 mg, 70 mg tablet
Genotropin 5 MG CARTRIDGE	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin 12 MG CARTRIDGE	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 0.2 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 0.4 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 0.6 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 0.8 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Genotropin MiniQuick 1 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.2 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.4 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.6 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 1.8 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Genotropin MiniQuick 2 MG PRSYR	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Egrifta 1 MG RECON SOLN	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Egrifta SV 2 MG RECON SOLN	Removed from formulary (drug list)	Omnitrope 5 mg/1.5 ml, 10 mg/1.5 ml cartridge
Somatuline Depot 60 MG/0.2ML SOLUTION	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Somatuline Depot 90 MG/0.3ML SOLUTION	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
Lanreotide Acetate 120 MG/0.5ML SOLUTION	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
SandoSTATIN LAR Depot 10 MG KIT	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
SandoSTATIN LAR Depot 20 MG KIT	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution
SandoSTATIN LAR Depot 30 MG KIT	Removed from formulary (drug list)	Octreotide Acetate 50 mcg/ml, 100 mcg/ml prefilled syringe solution; Octreotide Acetate 50 mcg/ml, 100mcg/ml solution

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Desmopressin Acetate 0.1 MG TAB	Moved to higher tier - Tier 3	
Desmopressin Acetate 0.2 MG TAB	Moved to higher tier - Tier 3	
Desmopressin Ace Spray Refrig 0.01 % SOLUTION	Moved to higher tier - Tier 4	Desmopressin Acetate 0.1 mg, 0.2 mg tablet
Desmopressin Acetate Spray 0.01 % SOLUTION	Moved to higher tier - Tier 4	Desmopressin Acetate 0.1 mg, 0.2 mg tablet
Veozah 45 MG TAB	Added to formulary - Tier 4	
Fabrazyme 5 MG RECON SOLN	Removed from formulary (drug list)	
Fabrazyme 35 MG RECON SOLN	Removed from formulary (drug list)	
Doxercalciferol 0.5 MCG CAP	Removed from formulary (drug list)	Calcitriol 0.25 mcg, 0.5 mcg capsule
Doxercalciferol 1 MCG CAP	Removed from formulary (drug list)	Calcitriol 0.25 mcg, 0.5 mcg capsule
Doxercalciferol 2.5 MCG CAP	Removed from formulary (drug list)	Calcitriol 0.25 mcg, 0.5 mcg capsule
Paricalcitol 1 MCG CAP	Moved to higher tier - Tier 4	Calcitriol 0.25 mcg, 0.5 mcg capsule
Paricalcitol 2 MCG CAP	Moved to higher tier - Tier 4	Calcitriol 0.25 mcg, 0.5 mcg capsule
Paricalcitol 4 MCG CAP	Moved to higher tier - Tier 4	Calcitriol 0.25 mcg, 0.5 mcg capsule

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Cinacalcet HCl 90 MG TAB	Moved to lower tier - Tier 4	
Strensiq 18 MG/0.45ML SOLUTION	Removed from formulary (drug list)	
Strensiq 28 MG/0.7ML SOLUTION	Removed from formulary (drug list)	
Strensiq 40 MG/ML SOLUTION	Removed from formulary (drug list)	
Strensiq 80 MG/0.8ML SOLUTION	Removed from formulary (drug list)	
Myalept 11.3 MG RECON SOLN	Removed from formulary (drug list)	
Ravicti 1.1 GM/ML LIQUID	Removed from formulary (drug list)	Sodium Phenylbutyrate 500 mg tablet; 3 gm/tsp powder
Javygtor 100 MG TAB	Removed from formulary (drug list)	Sapropterin Dihydrochloride 100 mg tablet; 100 mg, 500 mg packet
Javygtor 100 MG PACKET	Removed from formulary (drug list)	Sapropterin Dihydrochloride 100 mg tablet; 100 mg, 500 mg packet
Javygtor 500 MG PACKET	Removed from formulary (drug list)	Sapropterin Dihydrochloride 100 mg tablet; 100 mg, 500 mg packet
Crysvita 10 MG/ML SOLUTION	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Crysvita 20 MG/ML SOLUTION	Removed from formulary (drug list)	
Crysvita 30 MG/ML SOLUTION	Removed from formulary (drug list)	
Nitroglycerin 0.3 MG SL TAB	Moved to higher tier - Tier 3	Minitran 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr patch 24 HR; Nitroglycerin 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr patch 24 HR
Nitroglycerin 0.4 MG SL TAB	Moved to higher tier - Tier 3	Minitran 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr patch 24 HR; Nitroglycerin 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr patch 24 HR
Nitroglycerin 0.6 MG SL TAB	Moved to higher tier - Tier 3	Minitran 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr patch 24 HR; Nitroglycerin 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr patch 24 HR
Propranolol HCl 20 MG/5ML SOLUTION	Moved to higher tier - Tier 3	Propranolol HCl 10 mg, 20 mg, 40 mg, 60 mg tablet
Propranolol HCl 40 MG/5ML SOLUTION	Moved to higher tier - Tier 3	Propranolol HCl 10 mg, 20 mg, 40 mg, 60 mg tablet
Sorine 240 MG TAB	Removed from formulary (drug list)	Sorine 80 mg, 120 mg, 160 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Timolol Maleate 5 MG TAB	Moved to higher tier - Tier 4	Propranolol HCl 10 mg, 20 mg, 40 mg, 60 mg tablet
Timolol Maleate 10 MG TAB	Moved to higher tier - Tier 4	Propranolol HCl 10 mg, 20 mg, 40 mg, 60 mg tablet
Timolol Maleate 20 MG TAB	Moved to higher tier - Tier 4	Propranolol HCl 10 mg, 20 mg, 40 mg, 60 mg tablet
Metoprolol Tartrate 37.5 MG TAB	Removed from formulary (drug list)	Metoprolol Tartrate 25 mg, 50 mg, 100 mg tablet
Metoprolol Tartrate 75 MG TAB	Removed from formulary (drug list)	Metoprolol Tartrate 25 mg, 50 mg, 100 mg tablet
Carvedilol Phosphate ER 10 MG CAP ER 24H	Moved to higher tier - Tier 4	Carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg tablet
Carvedilol Phosphate ER 20 MG CAP ER 24H	Moved to higher tier - Tier 4	Carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg tablet
Carvedilol Phosphate ER 40 MG CAP ER 24H	Moved to higher tier - Tier 4	Carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg tablet
Carvedilol Phosphate ER 80 MG CAP ER 24H	Moved to higher tier - Tier 4	Carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg tablet
Nisoldipine ER 8.5 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet
Nisoldipine ER 17 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet
Nisoldipine ER 20 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Nisoldipine ER 25.5 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet
Nisoldipine ER 30 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet
Nisoldipine ER 34 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet
Nisoldipine ER 40 MG TAB ER 24H	Removed from formulary (drug list)	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet
Verapamil HCl ER 120 MG CAP ER 24H	Moved to lower tier - Tier 2	
Verapamil HCl ER 180 MG CAP ER 24H	Moved to lower tier - Tier 2	
Verapamil HCl ER 240 MG CAP ER 24H	Moved to lower tier - Tier 2	
Disopyramide Phosphate 100 MG CAP	Removed from formulary (drug list)	Quinidine Sulfate 200 mg, 300 mg tablet
Disopyramide Phosphate 150 MG CAP	Removed from formulary (drug list)	Quinidine Sulfate 200 mg, 300 mg tablet
QuiNIDine Gluconate ER 324 MG TAB ER	Removed from formulary (drug list)	Quinidine Sulfate 200 mg, 300 mg tablet
Mexiletine HCl 150 MG CAP	Removed from formulary (drug list)	Amiodarone 200 mg tablet; Flecainide 50 mg, 100 mg, 150 mg tablet; Quinidine Sulfate 200 mg, 300 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Mexiletine HCl 200 MG CAP	Removed from formulary (drug list)	Amiodarone 200 mg tablet; Flecainide 50 mg, 100 mg, 150 mg tablet; Quinidine Sulfate 200 mg, 300 mg tablet
Mexiletine HCl 250 MG CAP	Removed from formulary (drug list)	Amiodarone 200 mg tablet; Flecainide 50 mg, 100 mg, 150 mg tablet; Quinidine Sulfate 200 mg, 300 mg tablet
Propafenone HCl ER 225 MG CAP ER 12H	Removed from formulary (drug list)	Propafenone HCl 150 mg, 225 mg, 300 mg tablet
Propafenone HCl ER 325 MG CAP ER 12H	Removed from formulary (drug list)	Propafenone HCl 150 mg, 225 mg, 300 mg tablet
Propafenone HCl ER 425 MG CAP ER 12H	Removed from formulary (drug list)	Propafenone HCl 150 mg, 225 mg, 300 mg tablet
Amiodarone HCl 100 MG TAB	Moved to higher tier - Tier 4	Amiodarone Hcl 200 mg tablet
Pacerone 100 MG TAB	Moved to higher tier - Tier 4	Amiodarone Hcl 200 mg tablet
Amiodarone HCl 200 MG TAB	Moved to higher tier - Tier 2	
Pacerone 200 MG TAB	Moved to higher tier - Tier 2	
Amiodarone HCl 400 MG TAB	Moved to higher tier - Tier 4	Amiodarone Hcl 200 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Pacerone 400 MG TAB	Moved to higher tier - Tier 4	Amiodarone Hcl 200 mg tablet
Edarbi 40 MG TAB	Removed from formulary (drug list)	
Edarbi 80 MG TAB	Removed from formulary (drug list)	
Aliskiren Fumarate 150 MG TAB	Removed prior authorization	
Aliskiren Fumarate 300 MG TAB	Removed prior authorization	
Edarbyclor 40-12.5 MG TAB	Removed from formulary (drug list)	
Edarbyclor 40-25 MG TAB	Removed from formulary (drug list)	
Methyldopa-Hydrochlorothiazide 250-15 MG TAB	Moved to higher tier - Tier 3	
Methyldopa-Hydrochlorothiazide 250-25 MG TAB	Moved to higher tier - Tier 3	
acetaZOLAMIDE ER 500 MG CAP ER 12H	Moved to lower tier - Tier 2	
MethazolAMIDE 25 MG TAB	Moved to higher tier - Tier 4	Acetazolamide 125 mg, 250 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
MethazolAMIDE 50 MG TAB	Moved to higher tier - Tier 4	Acetazolamide 125 mg, 250 mg tablet
Furosemide 8 MG/ML SOLUTION	Moved to higher tier - Tier 2	Furosemide 10 mg/ml solution
Diuril 250 MG/5ML SUSPENSION	Removed from formulary (drug list)	Hydrochlorthiazide 25 mg, 50 mg tablet
Indapamide 1.25 MG TAB	Moved to higher tier - Tier 2	Hydrochlorthiazide 25 mg, 50 mg tablet
Indapamide 2.5 MG TAB	Moved to higher tier - Tier 2	Hydrochlorthiazide 25 mg, 50 mg tablet
EPINEPHrine 0.15 MG/0.3ML SOLN A-INJ	Moved to higher tier - Tier 3	
EPINEPHrine 0.15 MG/0.15ML SOLN A-INJ	Moved to higher tier - Tier 3	
EPINEPHrine 0.3 MG/0.3ML SOLN A-INJ	Moved to higher tier - Tier 3	
EPINEPHrine 0.3 MG/0.3ML SOLN A-INJ	Moved to higher tier - Tier 3	
EPINEPHrine 0.3 MG/0.3ML SOLN A-INJ	Moved to higher tier - Tier 3	
Cholestyramine 4 GM/DOSE POWDER	Moved to higher tier - Tier 3	Colestipol Hcl 1 gm tablet
Cholestyramine 4 GM/DOSE POWDER	Moved to higher tier - Tier 3	Colestipol Hcl 1 gm tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Cholestyramine 4 GM PACKET	Moved to higher tier - Tier 3	Colestipol Hcl 1 gm tablet
Cholestyramine Light 4 GM/DOSE POWDER	Moved to higher tier - Tier 3	Colestipol Hcl 1 gm tablet
Prevalite 4 GM/DOSE POWDER	Moved to higher tier - Tier 3	
Cholestyramine Light 4 GM PACKET	Moved to higher tier - Tier 3	Colestipol Hcl 1 gm tablet
Prevalite 4 GM PACKET	Moved to higher tier - Tier 3	
Colesevelam HCl 625 MG TAB	Moved to higher tier - Tier 4	Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Colesevelam HCl 3.75 GM PACKET	Moved to higher tier - Tier 4	Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Fenofibric Acid 45 MG CAP DR	Moved to higher tier - Tier 3	Gemfibrozil 600 mg tablet
Fenofibric Acid 135 MG CAP DR	Moved to higher tier - Tier 3	Gemfibrozil 600 mg tablet
Niacin ER (Antihyperlipidemic) 500 MG TAB ER	Moved to higher tier - Tier 3	
Niacin ER (Antihyperlipidemic) 750 MG TAB ER	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Niacin ER (Antihyperlipidemic) 1000 MG TAB ER	Moved to higher tier - Tier 3	
Juxtapid 5 MG CAP	Removed from formulary (drug list)	Repatha Pushtronex System 420 mg/3.5 ml solution cartridge; Repatha Sureclick 140 mg/ml solution auto-injection; Repatha 140 mg/ml prefilled syringe
Juxtapid 10 MG CAP	Removed from formulary (drug list)	Repatha Pushtronex System 420 mg/3.5 ml solution cartridge; Repatha Sureclick 140 mg/ml solution auto-injection; Repatha 140 mg/ml prefilled syringe
Juxtapid 20 MG CAP	Removed from formulary (drug list)	Repatha Pushtronex System 420 mg/3.5 ml solution cartridge; Repatha Sureclick 140 mg/ml solution auto-injection; Repatha 140 mg/ml prefilled syringe

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Juxtapid 30 MG CAP	Removed from formulary (drug list)	Repatha Pushtronex System 420 mg/3.5 ml solution cartridge; Repatha Sureclick 140 mg/ml solution auto-injection; Repatha 140 mg/ml prefilled syringe
Juxtapid 40 MG CAP	Removed from formulary (drug list)	Repatha Pushtronex System 420 mg/3.5 ml solution cartridge; Repatha Sureclick 140 mg/ml solution auto-injection; Repatha 140 mg/ml prefilled syringe
Juxtapid 60 MG CAP	Removed from formulary (drug list)	Repatha Pushtronex System 420 mg/3.5 ml solution cartridge; Repatha Sureclick 140 mg/ml solution auto-injection; Repatha 140 mg/ml prefilled syringe
Ezetimibe-Simvastatin 10-10 MG TAB	Moved to higher tier - Tier 2	Simvastatin 10mg, 20mg, 40mg, 80mg tablet
Ezetimibe-Simvastatin 10-20 MG TAB	Moved to higher tier - Tier 2	Simvastatin 10mg, 20mg, 40mg, 80mg tablet
Ezetimibe-Simvastatin 10-40 MG TAB	Moved to higher tier - Tier 2	Simvastatin 10mg, 20mg, 40mg, 80mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Ezetimibe-Simvastatin 10-80 MG TAB	Moved to higher tier - Tier 2	Simvastatin 10mg, 20mg, 40mg, 80mg tablet
Uptravi 200 MCG TAB	Removed from formulary (drug list)	Tadalafil (pah) 20 mg tablet; Ambrisentan 5 mg, 10 mg tablet
Uptravi 400 MCG TAB	Removed from formulary (drug list)	Tadalafil (pah) 20 mg tablet; Ambrisentan 5 mg, 10 mg tablet
Uptravi 600 MCG TAB	Removed from formulary (drug list)	Tadalafil (pah) 20 mg tablet; Ambrisentan 5 mg, 10 mg tablet
Uptravi 800 MCG TAB	Removed from formulary (drug list)	Tadalafil (pah) 20 mg tablet; Ambrisentan 5 mg, 10 mg tablet
Uptravi 1000 MCG TAB	Removed from formulary (drug list)	Tadalafil (pah) 20 mg tablet; Ambrisentan 5 mg, 10 mg tablet
Uptravi 1200 MCG TAB	Removed from formulary (drug list)	Tadalafil (pah) 20 mg tablet; Ambrisentan 5 mg, 10 mg tablet
Uptravi 1400 MCG TAB	Removed from formulary (drug list)	Tadalafil (pah) 20 mg tablet; Ambrisentan 5 mg, 10 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Uptravi 1600 MCG TAB	Removed from formulary (drug list)	Tadalafil (pah) 20 mg tablet; Ambrisentan 5 mg, 10 mg tablet
Uptravi 200 & 800 MCG TAB THPK	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet
Ventavis 10 MCG/ML SOLUTION	Removed from formulary (drug list)	
Ventavis 20 MCG/ML SOLUTION	Removed from formulary (drug list)	
Treprostinil 20 MG/20ML SOLUTION	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet
Treprostinil 50 MG/20ML SOLUTION	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet
Treprostinil 100 MG/20ML SOLUTION	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet
Treprostinil 200 MG/20ML SOLUTION	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet
Orenitram 0.125 MG TAB ER	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Orenitram 0.25 MG TAB ER	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet
Orenitram 1 MG TAB ER	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet
Orenitram 2.5 MG TAB ER	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet
Orenitram 5 MG TAB ER	Removed from formulary (drug list)	Ambrisentan 10 mg, 5 mg, 125 mg tablet; Bosentan 125 mg, 62.5 mg tablet
Tadalafil 2.5 MG TAB	Added to formulary - Tier 4	
Tadalafil 5 MG TAB	Added to formulary - Tier 4	
Vyndamax 61 MG CAP	Removed from formulary (drug list)	
Vyndaqel 20 MG CAP	Removed from formulary (drug list)	
Amlodipine-Atorvastatin 2.5-10 MG TAB	Moved to higher tier - Tier 3	Amlodipine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Amlodipine-Atorvastatin 2.5-20 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Amlodipine-Atorvastatin 2.5-40 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Amlodipine-Atorvastatin 5-10 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Amlodipine-Atorvastatin 5-20 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Amlodipine-Atorvastatin 5-40 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Amlodipine-Atorvastatin 5-80 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Amlodipine-Atorvastatin 10-10 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Amlodipine-Atorvastatin 10-20 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Amlodipine-Atorvastatin 10-40 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Amlodipine-Atorvastatin 10-80 MG TAB	Moved to higher tier - Tier 3	Amlopidine Besylate 2.5 mg, 5 mg, 10 mg tablet; Atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet
Promethegan 12.5 MG SUPPOS	Removed from formulary (drug list)	Promethazine Hcl 12.5 mg, 25 mg, 50 mg tablet
Promethazine HCl 12.5 MG SUPPOS	Removed from formulary (drug list)	Promethazine Hcl 12.5 mg, 25 mg, 50 mg tablet
Promethazine HCl 25 MG SUPPOS	Removed from formulary (drug list)	Promethazine Hcl 12.5 mg, 25 mg, 50 mg tablet
Promethegan 25 MG SUPPOS	Removed from formulary (drug list)	Promethazine Hcl 12.5 mg, 25 mg, 50 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Cyproheptadine HCl 4 MG TAB	Moved to higher tier - Tier 3	Hydroxyzine HCl 10 mg, 25 mg, 50 mg tablet
Desloratadine 5 MG TAB	Removed from formulary (drug list)	Levocetirizine Dihydrochloride 5 mg tablet
Levocetirizine Dihydrochloride 2.5 MG/5ML SOLUTION	Removed from formulary (drug list)	Levocetirizine Dihydrochloride 5 mg tablet
Mometasone Furoate 50 MCG/ACT SUSPENSION	Removed from formulary (drug list)	Fluticasone Propionate 50 mcg/act suspension
Azelastine HCl 0.15 % SOLUTION	Removed from formulary (drug list)	Azelastine 0.1% solution
Olopatadine HCl 0.6 % SOLUTION	Removed from formulary (drug list)	Azelastine HCl 0.05 % solution
Azelastine-Fluticasone 137-50 MCG/ACT SUSPENSION	Removed from formulary (drug list)	Azelastine HCl 137 mcg/spray solution; Fluticasone Propionate 50 mcg/act suspension
Tiotropium Bromide Monohydrate 18 MCG CAP	Added to formulary - Tier 3	
Spiriva HandiHaler 18 MCG CAP	Removed from formulary (drug list)	Tiotropium Bromide Monohydrate 18 mcg capsule; Incruse Ellipta 62.5 mcg/act
Incruse Ellipta 62.5 MCG/ACT AER POW BA	Added to formulary - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Albuterol Sulfate 2 MG/5ML SYRUP	Removed from formulary (drug list)	Albuterol Sulfate 2 mg, 4 mg tablet
Levalbuterol HCl 0.31 MG/3ML NEBU SOLN	Moved to higher tier - Tier 4	Albuterol Sulfate nebulizer solution 0.5% (5 mg/ml), 0.63 mg/3 ml (BASE EQUIV), 1.25 mg/3 ml (BASE EQUIV) nebulizer solution
Levalbuterol HCl 0.63 MG/3ML NEBU SOLN	Moved to higher tier - Tier 4	Albuterol Sulfate nebulizer solution 0.5% (5 mg/ml), 0.63 mg/3 ml (BASE EQUIV), 1.25 mg/3 ml (BASE EQUIV) nebulizer solution
Levalbuterol HCl 1.25 MG/3ML NEBU SOLN	Moved to higher tier - Tier 4	Albuterol Sulfate nebulizer solution 0.5% (5 mg/ml), 0.63 mg/3 ml (BASE EQUIV), 1.25 mg/3 ml (BASE EQUIV) nebulizer solution
Levalbuterol HCl 1.25 MG/0.5ML NEBU SOLN	Moved to higher tier - Tier 4	Albuterol Sulfate nebulizer solution 0.5% (5 mg/ml), 0.63 mg/3 ml (BASE EQUIV), 1.25 mg/3 ml (BASE EQUIV) nebulizer solution
Levalbuterol Tartrate 45 MCG/ACT AEROSOL	Moved to higher tier - Tier 3	Albuterol Sulfate HFA 108 (90 Base) MCG/ACT AERO SOLN

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Terbutaline Sulfate 2.5 MG TAB	Removed from formulary (drug list)	Albuterol Sulfate 2 mg, 4 mg tablet
Terbutaline Sulfate 5 MG TAB	Removed from formulary (drug list)	Albuterol Sulfate 2 mg, 4 mg tablet
Terbutaline Sulfate 1 MG/ML SOLUTION	Removed from formulary (drug list)	Albuterol Sulfate 2 mg, 4 mg tablet
Combivent Respimat 20-100 MCG/ACT AERO SOLN	Moved to higher tier - Tier 4	Spiriva Respimat 2.5 MCG/ACT, 1.25 mcg/aersol solution
Bevespi Aerosphere 9-4.8 MCG/ACT AEROSOL	Removed from formulary (drug list)	Anoro Ellipta 62.5-25 mcg/act aero solution; Stiolto Respimat 2.5-2.5 mcg/act aero solution
Stiolto Respimat 2.5-2.5 MCG/ACT AERO SOLN	Added to formulary - Tier 3	
Theophylline ER 100 MG TAB ER 12H	Moved to higher tier - Tier 3	
Theophylline ER 200 MG TAB ER 12H	Moved to higher tier - Tier 3	
Theophylline ER 300 MG TAB ER 12H	Moved to higher tier - Tier 3	
Theophylline ER 450 MG TAB ER 12H	Moved to higher tier - Tier 3	
Theophylline ER 400 MG TAB ER 24H	Moved to higher tier - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Theophylline ER 600 MG TAB ER 24H	Moved to higher tier - Tier 3	
Budesonide 0.25 MG/2ML SUSPENSION	Moved to higher tier - Tier 4	Pulmicort Flexhaler 180 mcg/act, 90 mcg/act aerosol powder (breath activated)
Budesonide 0.5 MG/2ML SUSPENSION	Moved to higher tier - Tier 4	Pulmicort Flexhaler 180 mcg/act, 90 mcg/act aerosol powder (breath activated)
Budesonide 1 MG/2ML SUSPENSION	Moved to higher tier - Tier 4	Pulmicort Flexhaler 180 mcg/act, 90 mcg/act aerosol powder (breath activated)
Montelukast Sodium 10 MG TAB	Moved to lower tier - Tier 1	
Zafirlukast 10 MG TAB	Moved to higher tier - Tier 4	Montelukast Sodium 10 mg tablet
Zafirlukast 20 MG TAB	Moved to higher tier - Tier 4	Montelukast Sodium 10 mg tablet

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Nucala 40 MG/0.4ML SOLN PRSYR	Removed from formulary (drug list)	Dupixent 200 mg/1.14 ml, 300 mg/2 ml, 100 mg/0.67 ml, 200 mg/1.14 ml, 300 mg/2 ml prefilled syringe solution
Nucala 100 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Dupixent 200 mg/1.14 ml, 300 mg/2 ml, 100 mg/0.67 ml, 200 mg/1.14 ml, 300 mg/2 ml prefilled syringe solution
Aralast NP 500 MG RECON SOLN	Removed from formulary (drug list)	Prolastin-C 1000 mg
Aralast NP 1000 MG RECON SOLN	Removed from formulary (drug list)	Prolastin-C 1000 mg
Symdeko 50-75 & 75 MG TAB THPK	Removed from formulary (drug list)	
Symdeko 100-150 & 150 MG TAB THPK	Removed from formulary (drug list)	
Methscopolamine Bromide 2.5 MG TAB	Moved to higher tier - Tier 4	Dicyclomine Hcl 10 mg, 20 mg tablet
Methscopolamine Bromide 5 MG TAB	Moved to higher tier - Tier 4	Dicyclomine Hcl 10 mg, 20 mg tablet
Cimetidine HCl 300 MG/5ML SOLUTION	Removed from formulary (drug list)	Cimetidine 300 mg tablet
Cimetidine HCl 400 MG/6.67ML SOLUTION	Removed from formulary (drug list)	Cimetidine 300 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Esomeprazole Magnesium 20 MG CAP DR	Moved to higher tier - Tier 4	Omeprazole 20 mg, 40 mg capsule
Esomeprazole Magnesium 40 MG CAP DR	Moved to higher tier - Tier 4	Omeprazole 20 mg, 40 mg capsule
Esomeprazole Sodium 40 MG RECON SOLN	Removed from formulary (drug list)	Esomeprazole Magnesium 20 mg, 40 mg capsule DR
RABEprazole Sodium 20 MG TAB DR	Moved to higher tier - Tier 3	Omeprazole 20 mg, 40 mg capsule
Scopolamine 1 MG/3DAYS PATCH 72HR	Moved to higher tier - Tier 4	Meclizine Hcl 12.5 mg, 25 mg tablet
Granisetron HCl 1 MG TAB	Moved to higher tier - Tier 4	Granisetron Hcl 1 mg tablet
Granisetron HCl 1 MG/ML SOLUTION	Removed from formulary (drug list)	Granisetron Hcl 1 mg tablet
Granisetron HCl 4 MG/4ML SOLUTION	Removed from formulary (drug list)	Granisetron Hcl 1 mg tablet
Ondansetron HCl 4 MG/5ML SOLUTION	Moved to higher tier - Tier 4	Ondansetron Hcl 4 mg, 8 mg, 24 mg tablet
Zenpep 3000-10000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 5000-24000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Zenpep 10000-32000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 15000-47000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 20000-63000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 25000-79000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 40000-126000 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR
Zenpep 60000-189600 UNIT CP DR PART	Removed from formulary (drug list)	Creon 6000-19000, 36000-114000, 3000-9500, 24000-76000, 12000-38000 unit capsule DR

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Sucraid 8500 UNIT/ML SOLUTION	Removed from formulary (drug list)	
Ursodiol 300 MG CAP	Moved to higher tier - Tier 4	Ursodiol 500 mg tablet
Metoclopramide HCl 5 MG TAB	Moved to higher tier - Tier 2	
Metoclopramide HCl 10 MG TAB	Moved to higher tier - Tier 2	
Bylvay 400 MCG CAP	Removed from formulary (drug list)	Rifampin 150mg, 300 mg capsule
Bylvay 1200 MCG CAP	Removed from formulary (drug list)	Rifampin 150mg, 300 mg capsule
Bylvay (Pellets) 200 MCG CAP SPRINK	Removed from formulary (drug list)	Rifampin 150mg, 300 mg capsule
Bylvay (Pellets) 600 MCG CAP SPRINK	Removed from formulary (drug list)	Rifampin 150mg, 300 mg capsule
Balsalazide Disodium 750 MG CAP	Moved to higher tier - Tier 3	Sulfasalazine 500 mg tablet, 500 mg DR tablet
Zymfentra (2 Pen) 120 MG/ML AUT-IJ KIT	Updated quantity limit	
Vowst CAP	Added to formulary - Tier 5	
Gattex 5 MG KIT	Removed from formulary (drug list)	Omnitrope 5.8 mg recon solution; 10 mg/1.5 ml, 5 mg/1.5 ml solution cartridge
Relistor 8 MG/0.4ML SOLUTION	Removed from formulary (drug list)	Movantik 12.5 mg, 25 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Relistor 12 MG/0.6ML SOLUTION	Removed from formulary (drug list)	Movantik 12.5 mg, 25 mg tablet
Cholbam 50 MG CAP	Removed from formulary (drug list)	
Cholbam 250 MG CAP	Removed from formulary (drug list)	
Calcium Acetate (Phos Binder) 667 MG CAP	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Calcium Acetate 667 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Calcium Acetate (Phos Binder) 667 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Phoslyra 667 MG/5ML SOLUTION	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Auryxia 1 GM 210 MG(Fe) TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Lanthanum Carbonate 500 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Fosrenol 500 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 750 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Lanthanum Carbonate 750 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 1000 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Lanthanum Carbonate 1000 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 750 MG PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Fosrenol 1000 MG PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer Carbonate 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Renvela 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer Carbonate 0.8 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Renvela 0.8 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer Carbonate 2.4 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Renvela 2.4 GM PACKET	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer HCl 400 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Renagel 800 MG TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Velphoro 500 MG CHEW TAB	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Tolterodine Tartrate 1 MG TAB	Moved to higher tier - Tier 4	Oxybutynin Chloride 5 mg; ER 5 mg, 10 mg, 15 mg ER 24 H tablet
Tolterodine Tartrate 2 MG TAB	Moved to higher tier - Tier 4	Oxybutynin Chloride 5 mg; ER 5 mg, 10 mg, 15 mg ER 24 H tablet
Tolterodine Tartrate ER 2 MG CAP ER 24H	Moved to higher tier - Tier 4	Oxybutynin Chloride 5 mg; ER 5 mg, 10 mg, 15 mg ER 24 H tablet
Tolterodine Tartrate ER 4 MG CAP ER 24H	Moved to higher tier - Tier 4	Oxybutynin Chloride 5 mg; ER 5 mg, 10 mg, 15 mg ER 24 H tablet
Tropium Chloride ER 60 MG CAP ER 24H	Removed from formulary (drug list)	Tropium Chloride 20 mg tablet
Myrbetriq 8 MG/ML SRER	Added to formulary - Tier 3	
Gemtesa 75 MG TAB	Moved to higher tier - Tier 4	Myrbetriq 25 mg, 50 mg tablet ER 24 H
Yuvaferm 10 MCG TAB	Moved to higher tier - Tier 3	Estradiol 0.1 mg/gm cream
Estradiol 10 MCG TAB	Moved to higher tier - Tier 3	
Femring 0.05 MG/24HR RING	Removed from formulary (drug list)	Estring 7.5 mcg/24 hr; 2 mg ring
Femring 0.1 MG/24HR RING	Removed from formulary (drug list)	Estring 7.5 mcg/24 hr; 2 mg ring
Potassium Citrate ER 5 MEQ (540 MG) TAB ER	Moved to higher tier - Tier 3	Potassium Chloride ER 10 meq, 15 meq, 8 meq tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Potassium Citrate ER 10 MEQ (1080 MG) TAB ER	Moved to higher tier - Tier 3	Potassium Chloride ER 10 meq, 15 meq, 8 meq tablet
Procysbi 25 MG CAP DR	Removed from formulary (drug list)	Cystagon 50 mg, 150 mg capsule
Procysbi 75 MG CAP DR	Removed from formulary (drug list)	Cystagon 50 mg, 150 mg capsule
Elmiron 100 MG CAP	Removed from formulary (drug list)	
Tiopronin 100 MG TAB	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Tiopronin 100 MG TAB DR	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Thiola EC 100 MG TAB DR	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Tiopronin 300 MG TAB DR	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Thiola EC 300 MG TAB DR	Removed from formulary (drug list)	Penicillamine 250 mg tablet
Silodosin 4 MG CAP	Moved to higher tier - Tier 3	Alfuzosin Hcl ER 20 mg tablet
Silodosin 8 MG CAP	Moved to higher tier - Tier 3	Alfuzosin Hcl ER 20 mg tablet
ALPRAZolam ER 0.5 MG TAB ER 24H	Moved to higher tier - Tier 4	Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet
ALPRAZolam XR 0.5 MG TAB ER 24H	Moved to higher tier - Tier 4	Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
ALPRAZolam ER 1 MG TAB ER 24H	Moved to higher tier - Tier 4	Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet
ALPRAZolam XR 1 MG TAB ER 24H	Moved to higher tier - Tier 4	Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet
ALPRAZolam ER 2 MG TAB ER 24H	Moved to higher tier - Tier 4	Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet
ALPRAZolam XR 2 MG TAB ER 24H	Moved to higher tier - Tier 4	Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet
ALPRAZolam ER 3 MG TAB ER 24H	Moved to higher tier - Tier 4	Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet
ALPRAZolam XR 3 MG TAB ER 24H	Moved to higher tier - Tier 4	Alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet
Clorazepate Dipotassium 3.75 MG TAB	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet; Diazepam 2 mg, 5 mg, 10 mg tablet; Lorazepam 0.5 mg, 1 mg, 2 mg tablet
Clorazepate Dipotassium 7.5 MG TAB	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet; Diazepam 2 mg, 5 mg, 10 mg tablet; Lorazepam 0.5 mg, 1 mg, 2 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Clorazepate Dipotassium 15 MG TAB	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet; Diazepam 2 mg, 5 mg, 10 mg tablet; Lorazepam 0.5 mg, 1 mg, 2 mg tablet
Oxazepam 10 MG CAP	Removed from formulary (drug list)	Lorazepam 0.5 mg, 1 mg, 2 mg tablet
Oxazepam 15 MG CAP	Removed from formulary (drug list)	Lorazepam 0.5 mg, 1 mg, 2 mg tablet
Oxazepam 30 MG CAP	Removed from formulary (drug list)	Lorazepam 0.5 mg, 1 mg, 2 mg tablet
Mirtazapine 15 MG TAB	Moved to lower tier - Tier 1	
Mirtazapine 30 MG TAB	Moved to lower tier - Tier 1	
Viibryd Starter Pack 10 & 20 MG KIT	Removed from formulary (drug list)	
FLUoxetine HCl 10 MG TAB	Removed from formulary (drug list)	Fluoxetine 10 mg, 20 mg, 40 mg capsule
FLUoxetine HCl 20 MG TAB	Removed from formulary (drug list)	Fluoxetine 10 mg, 20 mg, 40 mg capsule
FLUoxetine HCl 60 MG TAB	Removed from formulary (drug list)	Fluoxetine 10 mg, 20 mg, 40 mg capsule
FluoxaMINE Maleate ER 100 MG CAP ER 24H	Removed from formulary (drug list)	Fluvoxamine Maleate 25 mg, 50 mg, 100 mg tablet
FluoxaMINE Maleate ER 150 MG CAP ER 24H	Removed from formulary (drug list)	Fluvoxamine Maleate 25 mg, 50 mg, 100 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
PARoxetine HCl ER 12.5 MG TAB ER 24H	Moved to higher tier - Tier 4	Paroxetine Hcl 10 mg, 20 mg, 30 mg, 40 mg tablet
PARoxetine HCl ER 25 MG TAB ER 24H	Moved to higher tier - Tier 4	Paroxetine Hcl 10 mg, 20 mg, 30 mg, 40 mg tablet
PARoxetine HCl ER 37.5 MG TAB ER 24H	Moved to higher tier - Tier 4	Paroxetine Hcl 10 mg, 20 mg, 30 mg, 40 mg tablet
Sertraline HCl 20 MG/ML CONC	Moved to higher tier - Tier 3	Sertraline Hcl 25 mg, 50 mg, 100 mg tablet
DULoxetine HCl 40 MG CP DR PART	Moved to higher tier - Tier 4	Duloxetine Hcl 20 mg capsule
Venlafaxine HCl ER 37.5 MG TAB ER 24H	Removed from formulary (drug list)	Venlafaxine HCl ER 37.5 mg, 75 mg, 150 mg capsule ER 24H
Venlafaxine HCl ER 75 MG TAB ER 24H	Removed from formulary (drug list)	Venlafaxine HCl ER 37.5 mg, 75 mg, 150 mg capsule ER 24H
Venlafaxine HCl ER 150 MG TAB ER 24H	Removed from formulary (drug list)	Venlafaxine HCl ER 37.5 mg, 75 mg, 150 mg capsule ER 24H
Venlafaxine HCl ER 225 MG TAB ER 24H	Removed from formulary (drug list)	Venlafaxine HCl ER 37.5 mg, 75 mg, 150 mg capsule ER 24H
Desipramine HCl 10 MG TAB	Moved to higher tier - Tier 4	Amitriptyline Hcl 25 mg, 50 mg, 75 mg, 100 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Desipramine HCl 25 MG TAB	Moved to higher tier - Tier 4	Amitriptyline Hcl 25 mg, 50 mg, 75 mg, 100 mg tablet
Desipramine HCl 50 MG TAB	Moved to higher tier - Tier 4	Amitriptyline Hcl 25 mg, 50 mg, 75 mg, 100 mg tablet
Desipramine HCl 75 MG TAB	Moved to higher tier - Tier 4	Amitriptyline Hcl 25 mg, 50 mg, 75 mg, 100 mg tablet
Desipramine HCl 100 MG TAB	Moved to higher tier - Tier 4	Amitriptyline Hcl 25 mg, 50 mg, 75 mg, 100 mg tablet
Desipramine HCl 150 MG TAB	Moved to higher tier - Tier 4	Amitriptyline Hcl 25 mg, 50 mg, 75 mg, 100 mg tablet
Maprotiline HCl 25 MG TAB	Removed from formulary (drug list)	
Maprotiline HCl 50 MG TAB	Removed from formulary (drug list)	
Maprotiline HCl 75 MG TAB	Removed from formulary (drug list)	
Auvelity 45-105 MG TAB ER	Moved to lower tier - Tier 4	
RisperiDONE 1 MG/ML SOLUTION	Moved to higher tier - Tier 3	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
RisperiDONE 0.25 MG TAB DISP	Moved to higher tier - Tier 4	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
risperiDONE 0.5 MG TAB DISP	Moved to higher tier - Tier 4	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
RisperiDONE 1 MG TAB DISP	Moved to higher tier - Tier 4	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
RisperiDONE 2 MG TAB DISP	Moved to higher tier - Tier 4	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
RisperiDONE 3 MG TAB DISP	Moved to higher tier - Tier 4	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
RisperiDONE 4 MG TAB DISP	Moved to higher tier - Tier 4	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
risperiDONE Microspheres ER 25 MG SRER	Moved to lower tier - Tier 4	
CloZAPine 200 MG TAB DISP	Moved to lower tier - Tier 4	
cloZAPine 200 MG TAB DISP	Moved to lower tier - Tier 4	
QUetiapine Fumarate ER 50 MG TAB ER 24H	Moved to higher tier - Tier 4	Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet
QUetiapine Fumarate ER 150 MG TAB ER 24H	Moved to higher tier - Tier 4	Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
QUetiapine Fumarate ER 200 MG TAB ER 24H	Moved to higher tier - Tier 4	Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet
QUetiapine Fumarate ER 300 MG TAB ER 24H	Moved to higher tier - Tier 4	Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet
QUetiapine Fumarate ER 400 MG TAB ER 24H	Moved to higher tier - Tier 4	Quetiapine Fumarate 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg tablet
FluPHENAZine HCl 1 MG TAB	Moved to higher tier - Tier 4	Perphenazine 2 mg, 4 mg, 8 mg, 16 mg tablet
FluPHENAZine HCl 2.5 MG TAB	Moved to higher tier - Tier 4	Perphenazine 2 mg, 4 mg, 8 mg, 16 mg tablet
FluPHENAZine HCl 5 MG TAB	Moved to higher tier - Tier 4	Perphenazine 2 mg, 4 mg, 8 mg, 16 mg tablet
FluPHENAZine HCl 10 MG TAB	Moved to higher tier - Tier 4	Perphenazine 2 mg, 4 mg, 8 mg, 16 mg tablet
FluPHENAZine HCl 2.5 MG/5ML ELIXIR	Moved to higher tier - Tier 4	Perphenazine 2 mg, 4 mg, 8 mg, 16 mg tablet
FluPHENAZine HCl 5 MG/ML CONC	Moved to higher tier - Tier 4	Perphenazine 2 mg, 4 mg, 8 mg, 16 mg tablet
Thioridazine HCl 10 MG TAB	Moved to higher tier - Tier 3	Prochlorperazine Maleate 5 mg, 10 mg tablet
Thioridazine HCl 25 MG TAB	Moved to higher tier - Tier 3	Prochlorperazine Maleate 5 mg, 10 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Thioridazine HCl 50 MG TAB	Moved to higher tier - Tier 3	Prochlorperazine Maleate 5 mg, 10 mg tablet
Thioridazine HCl 100 MG TAB	Moved to higher tier - Tier 3	Prochlorperazine Maleate 5 mg, 10 mg tablet
ARIPiprazole 2 MG TAB	Moved to higher tier - Tier 4	Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule
ARIPiprazole 5 MG TAB	Moved to higher tier - Tier 4	Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule
ARIPiprazole 10 MG TAB	Moved to higher tier - Tier 4	Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule
ARIPiprazole 15 MG TAB	Moved to higher tier - Tier 4	Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule
ARIPiprazole 20 MG TAB	Moved to higher tier - Tier 4	Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule
ARIPiprazole 30 MG TAB	Moved to higher tier - Tier 4	Ziprasidone 40 mg, 60 mg, 20 mg, 80 mg capsule
Thiothixene 1 MG CAP	Moved to higher tier - Tier 3	Prochlorperazine Maleate 5 mg, 10 mg tablet
Thiothixene 2 MG CAP	Moved to higher tier - Tier 3	Prochlorperazine Maleate 5 mg, 10 mg tablet
Thiothixene 5 MG CAP	Moved to higher tier - Tier 3	Prochlorperazine Maleate 5 mg, 10 mg tablet
Thiothixene 10 MG CAP	Moved to higher tier - Tier 3	Prochlorperazine Maleate 5 mg, 10 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Ziprasidone HCl 20 MG CAP	Moved to higher tier - Tier 3	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
Ziprasidone HCl 40 MG CAP	Moved to higher tier - Tier 3	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
Ziprasidone HCl 60 MG CAP	Moved to higher tier - Tier 3	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
Ziprasidone HCl 80 MG CAP	Moved to higher tier - Tier 3	Risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet
Estazolam 1 MG TAB	Removed from formulary (drug list)	Zolpidem 5 mg, 10 mg tablet
Estazolam 2 MG TAB	Removed from formulary (drug list)	Zolpidem 5 mg, 10 mg tablet
Triazolam 0.125 MG TAB	Moved to higher tier - Tier 4	Temazepam 15 mg, 30 mg capsule
Triazolam 0.25 MG TAB	Moved to higher tier - Tier 4	Temazepam 15 mg, 30 mg capsule
Eszopiclone 1 MG TAB	Moved to higher tier - Tier 3	Zolpidem 5 mg, 10 mg tablet
Eszopiclone 2 MG TAB	Moved to higher tier - Tier 3	Zolpidem 5 mg, 10 mg tablet
Eszopiclone 3 MG TAB	Moved to higher tier - Tier 3	Zolpidem 5 mg, 10 mg tablet
Zolpidem Tartrate ER 6.25 MG TAB ER	Moved to higher tier - Tier 3	Zolpidem 5 mg, 10 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Zolpidem Tartrate ER 12.5 MG TAB ER	Moved to higher tier - Tier 3	Zolpidem 5 mg, 10 mg tablet
Zenzedi 5 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Zenzedi 10 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Zenzedi 15 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Zenzedi 20 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Zenzedi 30 MG TAB	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Dextroamphetamine Sulfate ER 5 MG CAP ER 24H	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Dextroamphetamine Sulfate ER 10 MG CAP ER 24H	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
Dextroamphetamine Sulfate ER 15 MG CAP ER 24H	Removed from formulary (drug list)	Amphetamine - Dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablet
CloNIDine HCl ER 0.1 MG TAB ER 12H	Removed from formulary (drug list)	Guanfacine Hcl ER 1 mg, 2 mg, 3 mg, 4 mg tablet
GuanFACINE HCl ER 1 MG TAB ER 24H	Moved to higher tier - Tier 3	Clonidine HCl 0.1 mg, 0.2 mg, 0.3 mg tablet
GuanFACINE HCl ER 2 MG TAB ER 24H	Moved to higher tier - Tier 3	Clonidine HCl 0.1 mg, 0.2 mg, 0.3 mg tablet
GuanFACINE HCl ER 3 MG TAB ER 24H	Moved to higher tier - Tier 3	Clonidine HCl 0.1 mg, 0.2 mg, 0.3 mg tablet
GuanFACINE HCl ER 4 MG TAB ER 24H	Moved to higher tier - Tier 3	Clonidine HCl 0.1 mg, 0.2 mg, 0.3 mg tablet
Atomoxetine HCl 10 MG CAP	Moved to higher tier - Tier 3	Methylphenidate Hcl 10 mg, 20 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Atomoxetine HCl 18 MG CAP	Moved to higher tier - Tier 3	Methylphenidate Hcl 10 mg, 20 mg tablet
Atomoxetine HCl 25 MG CAP	Moved to higher tier - Tier 3	Methylphenidate Hcl 10 mg, 20 mg tablet
Atomoxetine HCl 40 MG CAP	Moved to higher tier - Tier 3	Methylphenidate Hcl 10 mg, 20 mg tablet
Atomoxetine HCl 60 MG CAP	Moved to higher tier - Tier 3	Methylphenidate Hcl 10 mg, 20 mg tablet
Atomoxetine HCl 80 MG CAP	Moved to higher tier - Tier 3	Methylphenidate Hcl 10 mg, 20 mg tablet
Atomoxetine HCl 100 MG CAP	Moved to higher tier - Tier 3	Methylphenidate Hcl 10 mg, 20 mg tablet
Dexmethylphenidate HCl ER 5 MG CAP ER 24H	Removed from formulary (drug list)	
Dexmethylphenidate HCl ER 10 MG CAP ER 24H	Removed from formulary (drug list)	
Dexmethylphenidate HCl ER 15 MG CAP ER 24H	Removed from formulary (drug list)	
Dexmethylphenidate HCl ER 20 MG CAP ER 24H	Removed from formulary (drug list)	
Dexmethylphenidate HCl ER 25 MG CAP ER 24H	Removed from formulary (drug list)	
Dexmethylphenidate HCl ER 30 MG CAP ER 24H	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Dexmethylphenidate HCl ER 35 MG CAP ER 24H	Removed from formulary (drug list)	
Dexmethylphenidate HCl ER 40 MG CAP ER 24H	Removed from formulary (drug list)	
Methylphenidate HCl ER (CD) 10 MG CAP ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (CD) 20 MG CAP ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (CD) 30 MG CAP ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (CD) 40 MG CAP ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (CD) 50 MG CAP ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (CD) 60 MG CAP ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (OSM) 18 MG TAB ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER 18 MG TAB ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER 27 MG TAB ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (OSM) 27 MG TAB ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Methylphenidate HCl ER 36 MG TAB ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (OSM) 36 MG TAB ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER 54 MG TAB ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (OSM) 54 MG TAB ER	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (LA) 10 MG CAP ER 24H	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (LA) 20 MG CAP ER 24H	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (LA) 30 MG CAP ER 24H	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (LA) 40 MG CAP ER 24H	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER (LA) 60 MG CAP ER 24H	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER 18 MG TAB ER 24H	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER 27 MG TAB ER 24H	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Methylphenidate HCl ER 36 MG TAB ER 24H	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Methylphenidate HCl ER 54 MG TAB ER 24H	Removed from formulary (drug list)	Methylphenidate Hcl ER 10 mg, 20 mg tablet
Donepezil HCl 23 MG TAB	Moved to higher tier - Tier 4	Donepezil 5 mg, 10 mg tablet
Galantamine Hydrobromide 4 MG/ML SOLUTION	Moved to higher tier - Tier 4	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Galantamine Hydrobromide ER 8 MG CAP ER 24H	Moved to higher tier - Tier 4	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Galantamine Hydrobromide ER 16 MG CAP ER 24H	Moved to higher tier - Tier 4	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Galantamine Hydrobromide ER 24 MG CAP ER 24H	Moved to higher tier - Tier 4	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Rivastigmine Tartrate 1.5 MG CAP	Moved to higher tier - Tier 3	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Rivastigmine Tartrate 3 MG CAP	Moved to higher tier - Tier 3	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Rivastigmine Tartrate 4.5 MG CAP	Moved to higher tier - Tier 3	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Rivastigmine Tartrate 6 MG CAP	Moved to higher tier - Tier 3	Galantamine Hydrobromide 4 mg, 8 mg, 12 mg tablet
Memantine HCl ER 7 MG CAP ER 24H	Moved to higher tier - Tier 4	Memantine Hcl 5 mg, 10 mg tablet
Memantine HCl ER 14 MG CAP ER 24H	Moved to higher tier - Tier 4	Memantine Hcl 5 mg, 10 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Memantine HCl ER 21 MG CAP ER 24H	Moved to higher tier - Tier 4	Memantine Hcl 5 mg, 10 mg tablet
Memantine HCl ER 28 MG CAP ER 24H	Moved to higher tier - Tier 4	Memantine Hcl 5 mg, 10 mg tablet
Namzaric 7-10 MG CAP ER 24H	Removed from formulary (drug list)	Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule
Namzaric 14-10 MG CAP ER 24H	Removed from formulary (drug list)	Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule
Namzaric 21-10 MG CAP ER 24H	Removed from formulary (drug list)	Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule
Namzaric 28-10 MG CAP ER 24H	Removed from formulary (drug list)	Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule
Namzaric 7 & 14 & 21 & 28 -10 MG CP24 THPK	Removed from formulary (drug list)	Memantine HCl ER 7 mg, 14 mg, 21 mg, 28 mg ER 24H capsule
Nicotrol NS 10 MG/ML SOLUTION	Moved to higher tier - Tier 4	
Varenicline Tartrate 0.5 MG TAB	Moved to higher tier - Tier 4	Bupropion Hcl ER (SR) 100 mg, 150 mg, 200 mg, 300 mg, 450 mg tablet ER 12H

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Varenicline Tartrate 1 MG TAB	Moved to higher tier - Tier 4	Bupropion Hcl ER (SR) 100 mg, 150 mg, 200 mg, 300 mg, 450 mg tablet ER 12H
Varenicline Tartrate(Continue) 1 MG TAB	Moved to higher tier - Tier 4	Bupropion Hcl ER (SR) 100 mg, 150 mg, 200 mg, 300 mg, 450 mg tablet ER 12H
Varenicline Tartrate (Starter) 0.5 MG X 11 & 1 MG X 42 TAB THPK	Moved to higher tier - Tier 4	Bupropion Hcl ER (SR) 100 mg, 150 mg, 200 mg, 300 mg, 450 mg tablet ER 12H
FLUoxetine HCl (PMDD) 10 MG TAB	Removed from formulary (drug list)	Fluoxetine 10 mg, 20 mg, 40 mg capsule
FLUoxetine HCl (PMDD) 20 MG TAB	Removed from formulary (drug list)	Fluoxetine 10 mg, 20 mg, 40 mg capsule
Austedo 6 MG TAB	Removed from formulary (drug list)	
Austedo 9 MG TAB	Removed from formulary (drug list)	
Austedo 12 MG TAB	Removed from formulary (drug list)	
Austedo XR 6 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 12 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 18 MG TAB ER 24H	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Austedo XR 24 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 30 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 36 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 42 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR 48 MG TAB ER 24H	Removed from formulary (drug list)	
Austedo XR Patient Titration 6 & 12 & 24 MG TBER THPK	Removed from formulary (drug list)	
Austedo XR Patient Titration 12 & 18 & 24 & 30 MG TBER THPK	Removed from formulary (drug list)	
Ingrezza 40 MG CAP	Removed from formulary (drug list)	
Ingrezza 60 MG CAP	Removed from formulary (drug list)	
Ingrezza 80 MG CAP	Removed from formulary (drug list)	
Ingrezza 40 & 80 MG CAP THPK	Removed from formulary (drug list)	
Glatiramer Acetate 20 MG/ML SOLN PRSYR	Added to formulary - Tier 5	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Copaxone 20 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Glatiramer Acetate 20 mg/ml, 40 mg/ml prefilled syringe solution; Glatopa 20 mg/ml, 40 mg/ml prefilled syringe solution
Glatopa 20 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Glatiramer Acetate 40 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Copaxone 40 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Glatiramer Acetate 20 mg/ml, 40 mg/ml prefilled syringe solution; Glatopa 20 mg/ml, 40 mg/ml prefilled syringe solution
Glatopa 40 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Plegridy 125 MCG/0.5ML SOLN PEN	Added quantity limit	
Plegridy Starter Pack 63 & 94 MCG/0.5ML SOLN PEN	Added quantity limit	
Plegridy 125 MCG/0.5ML SOLN PRSYR	Added quantity limit	
Plegridy 125 MCG/0.5ML SOLN PRSYR	Added quantity limit	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Plegridy Starter Pack 63 & 94 MCG/0.5ML SOLN PRSYR	Added quantity limit	
Tysabri 300 MG/15ML CONC	Removed from formulary (drug list)	Betaseron 0.3 mg Kit
Sodium Oxybate 500 MG/ML SOLUTION	Added to formulary - Tier 5	
Xyrem 500 MG/ML SOLUTION	Removed from formulary (drug list)	Sodium Oxybate 500 mg/ml solution
Acamprosate Calcium 333 MG TAB DR	Moved to higher tier - Tier 4	Disulfiram 250 mg, 500 mg tablet
Perphenazine-Amitriptyline 2-10 MG TAB	Moved to higher tier - Tier 4	Perphenazine 2 mg tablet; Amitriptyline Hcl 10 mg tablet
Perphenazine-Amitriptyline 2-25 MG TAB	Moved to higher tier - Tier 4	Perphenazine 2 mg tablet; Amitriptyline Hcl 10 mg tablet
Perphenazine-Amitriptyline 4-10 MG TAB	Moved to higher tier - Tier 4	Perphenazine 2 mg tablet; Amitriptyline Hcl 10 mg tablet
Perphenazine-Amitriptyline 4-25 MG TAB	Moved to higher tier - Tier 4	Perphenazine 2 mg; Amitriptyline Hcl 10 mg tablet
Perphenazine-Amitriptyline 4-50 MG TAB	Moved to higher tier - Tier 4	Perphenazine 2 mg tablet; Amitriptyline Hcl 10 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Diflunisal 500 MG TAB	Moved to higher tier - Tier 3	Cataflam 50 mg tablet; Diclofenac Sodium ER 100 mg tablet ER 24H; Diclofenac Potassium 50 mg tablet
Butalbital-Acetaminophen 50-300 MG CAP	Removed from formulary (drug list)	Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet
Butalbital-Acetaminophen 50-300 MG CAP	Removed from formulary (drug list)	Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet
Tencon 50-325 MG TAB	Removed from formulary (drug list)	Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet
Butalbital-Acetaminophen 50-325 MG TAB	Removed from formulary (drug list)	Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet
Esgic 50-325-40 MG CAP	Removed from formulary (drug list)	Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet
Zebutal 50-325-40 MG CAP	Removed from formulary (drug list)	Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Butalbital-APAP-Caffeine 50-325-40 MG CAP	Removed from formulary (drug list)	Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet
Butalbital-Aspirin-Caffeine 50-325-40 MG CAP	Moved to higher tier - Tier 4	Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet
Codeine Sulfate 15 MG TAB	Moved to higher tier - Tier 4	Oxycodone Hcl 15 mg, 30 mg, 5 mg tablet
Codeine Sulfate 30 MG TAB	Moved to higher tier - Tier 4	Oxycodone Hcl 15 mg, 30 mg, 5 mg tablet
Codeine Sulfate 60 MG TAB	Moved to higher tier - Tier 4	Oxycodone Hcl 15 mg, 30 mg, 5 mg tablet
HYDROmorphone HCl 2 MG TAB	Moved to higher tier - Tier 3	
HYDROmorphone HCl 4 MG TAB	Moved to higher tier - Tier 3	
HYDROmorphone HCl 8 MG TAB	Moved to higher tier - Tier 3	
HYDROmorphone HCl 1 MG/ML LIQUID	Removed from formulary (drug list)	Hydromorphone Hcl 2 mg, 4 mg, 8 mg tablet
Morphine Sulfate 15 MG TAB	Moved to higher tier - Tier 3	
Morphine Sulfate 30 MG TAB	Moved to higher tier - Tier 3	
Morphine Sulfate ER 15 MG TAB ER	Moved to higher tier - Tier 4	Morphine Sulfate 15 mg, 30 mg tablet Morphine Sulfate 30 MG TAB

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Morphine Sulfate ER 30 MG TAB ER	Moved to higher tier - Tier 4	Morphine Sulfate 15 mg, 30 mg tablet Morphine Sulfate 30 MG TAB
Morphine Sulfate ER 60 MG TAB ER	Moved to higher tier - Tier 4	Morphine Sulfate 15 mg, 30 mg tablet Morphine Sulfate 30 MG TAB
Morphine Sulfate ER 100 MG TAB ER	Moved to higher tier - Tier 4	Morphine Sulfate 15 mg, 30 mg tablet
Morphine Sulfate ER 200 MG TAB ER	Moved to higher tier - Tier 4	Morphine Sulfate 15 mg, 30 mg tablet
Morphine Sulfate 10 MG/5ML SOLUTION	Moved to higher tier - Tier 3	
Morphine Sulfate 20 MG/5ML SOLUTION	Moved to higher tier - Tier 3	
Morphine Sulfate (Concentrate) 20 MG/ML SOLUTION	Moved to higher tier - Tier 3	
Morphine Sulfate (Concentrate) 100 MG/5ML SOLUTION	Moved to higher tier - Tier 3	
OxyCODONE HCl 5 MG TAB	Moved to higher tier - Tier 3	Tramadol Hcl 50 mg tablet
oxyCODONE HCl 10 MG TAB	Moved to higher tier - Tier 3	Tramadol Hcl 50 mg tablet
OxyCODONE HCl 15 MG TAB	Moved to higher tier - Tier 3	Tramadol Hcl 50 mg tablet
oxyCODONE HCl 20 MG TAB	Moved to higher tier - Tier 3	Tramadol Hcl 50 mg tablet
OxyCODONE HCl 30 MG TAB	Moved to higher tier - Tier 3	Tramadol Hcl 50 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Zubsolv 0.7-0.18 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Zubsolv 1.4-0.36 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Zubsolv 2.9-0.71 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Zubsolv 5.7-1.4 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Zubsolv 8.6-2.1 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Zubsolv 11.4-2.9 MG SL TAB	Removed from formulary (drug list)	Buprenorphine HCl-Naloxone HCl 8-2 mg, 2-0.5 mg sublingual tablet
Oxycodone-Acetaminophen 2.5-325 MG TAB	Moved to higher tier - Tier 3	Tramadol Hcl 50 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Endocet 2.5-325 MG TAB	Moved to higher tier - Tier 3	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet
Oxycodone-Acetaminophen 5-325 MG TAB	Moved to higher tier - Tier 3	Tramadol Hcl 50 mg tablet
Endocet 5-325 MG TAB	Moved to higher tier - Tier 3	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet
Oxycodone-Acetaminophen 7.5-325 MG TAB	Moved to higher tier - Tier 3	Tramadol 50 mg tablet
Endocet 7.5-325 MG TAB	Moved to higher tier - Tier 3	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet
Oxycodone-Acetaminophen 10-325 MG TAB	Moved to higher tier - Tier 3	Tramadol Hcl 50 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Endocet 10-325 MG TAB	Moved to higher tier - Tier 3	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet
oxyCODONE-Acetaminophen 5-325 MG/5ML SOLUTION	Updated quantity limit	Oxycodone-Acetaminophen 5-325 mg tablet
Oxycodone-Aspirin 4.8355-325 MG TAB	Removed from formulary (drug list)	Oxycodone-Acetaminophen 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg tablet
Butalbital-APAP-Caff-Cod 50-325-40-30 MG CAP	Removed from formulary (drug list)	Butalbital-Acetaminophen-Caffeine 50-325-40 mg tablet
Butalbital-ASA-Caff-Codeine 50-325-40-30 MG CAP	Removed from formulary (drug list)	
Ascomp-Codeine 50-325-40-30 MG CAP	Removed from formulary (drug list)	
Hydrocodone-Acetaminophen 7.5-325 MG/15ML SOLUTION	Moved to higher tier - Tier 4	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Hydrocodone-Acetaminophen 2.5-108 MG/5ML SOLUTION	Moved to higher tier - Tier 4	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet
Hydrocodone-Acetaminophen 5-217 MG/10ML SOLUTION	Moved to higher tier - Tier 4	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet
Hydrocodone-Ibuprofen 5-200 MG TAB	Removed from formulary (drug list)	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet
Hydrocodone-Ibuprofen 7.5-200 MG TAB	Removed from formulary (drug list)	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet
Hydrocodone-Ibuprofen 10-200 MG TAB	Removed from formulary (drug list)	Lorcet 5-325 mg tablet; Lorcet HD 10-325 mg tablet; Hydrocodone-Acetaminophen 10-325 mg, 5-325 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Diclofenac Sodium 75 MG TAB DR	Moved to lower tier - Tier 1	
Etodolac 200 MG CAP	Moved to higher tier - Tier 3	
Etodolac 300 MG CAP	Moved to higher tier - Tier 3	
Etodolac ER 400 MG TAB ER 24H	Moved to higher tier - Tier 3	
Etodolac ER 500 MG TAB ER 24H	Moved to higher tier - Tier 3	
Etodolac ER 600 MG TAB ER 24H	Moved to higher tier - Tier 3	
Ibuprofen 100 MG/5ML SUSPENSION	Added to formulary - Tier 2	
Naproxen Sodium 275 MG TAB	Added to formulary - Tier 3	
Naproxen Sodium 550 MG TAB	Added to formulary - Tier 3	
Piroxicam 10 MG CAP	Moved to higher tier - Tier 3	Diclofenac Sodium 25 mg, 50 mg, 75 mg tablet DR
Piroxicam 20 MG CAP	Moved to higher tier - Tier 3	Diclofenac Sodium 25 mg, 50 mg, 75 mg tablet DR
Ridaura 3 MG CAP	Removed from formulary (drug list)	Methotrexate Sodium 2.5 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Humira (2 Pen) 40 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira-Ps/UV/Adol HS Starter 40 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira-CD/UC/HS Starter 40 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira (2 Pen) 40 MG/0.4ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pen 80 MG/0.8ML PEN KIT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution

EFFECTIVE DATE 1/1/2025

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

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Humira (2 Syringe) 40 MG/0.8ML PUF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira 40 MG/0.4ML PUF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pediatric Crohns Start 80 MG/0.8ML PUF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Humira Pediatric Crohns Start 80 MG/0.8ML & 40MG/0.4ML PUF SY KT	Removed from formulary (drug list)	Hadlima Pushtouch 40 mg/0.4 ml, 40 mg/0.8 ml injection solution; Hadlima 40 mg/0.4ml, 40 mg/0.8 ml prefilled syringe solution
Hadlima PushTouch 40 MG/0.4ML SOLN A-INJ	Updated quantity limit	
Hadlima PushTouch 40 MG/0.8ML SOLN A-INJ	Updated quantity limit	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Hadlima 40 MG/0.4ML SOLN PRSYR	Updated quantity limit	
Hadlima 40 MG/0.8ML SOLN PRSYR	Updated quantity limit	
Ilaris 150 MG/ML SOLUTION	Removed from formulary (drug list)	
Dihydroergotamine Mesylate 1 MG/ML SOLUTION	Removed from formulary (drug list)	Sumatriptan Succinate 25 mg, 50 mg, 100 mg tablet
Colchicine 0.6 MG CAP	Removed from formulary (drug list)	Colchicine 0.6 mg tablet
Febuxostat 40 MG TAB	Moved to higher tier - Tier 4	Allopurinol 100mg, 300 mg tablet
Febuxostat 80 MG TAB	Moved to higher tier - Tier 4	Allopurinol 100mg, 300 mg tablet
clonazepam 0.125 MG TAB DISP	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet
clonazepam 0.25 MG TAB DISP	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet
clonazepam 0.5 MG TAB DISP	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet
clonazepam 1 MG TAB DISP	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet
clonazepam 2 MG TAB DISP	Moved to higher tier - Tier 3	Clonazepam 0.5 mg, 1 mg, 2 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Nayzilam 5 MG/0.1ML SOLUTION	Moved to lower tier - Tier 4	
Xcopri (250 MG Daily Dose) 50 & 200 MG TAB THPK	Removed from formulary (drug list)	Felbamate 400 mg, 600 mg tablet; 600 mg/5 ml suspension
Peganone 250 MG TAB	Removed from formulary (drug list)	Phenytoin Sodium Extended 100 mg, 200 mg, 300 mg capsule
Dilantin Infatabs 50 MG CHEW TAB	Removed from formulary (drug list)	Phenytoin 50 mg chewable tablet
Dilantin 125 MG/5ML SUSPENSION	Removed from formulary (drug list)	Phenytoin 125 mg/5 ml suspension
Dilantin 30 MG CAP	Removed from formulary (drug list)	Phenytoin 50 mg chewable tablet
Dilantin 100 MG CAP	Removed from formulary (drug list)	Phenytoin Sodium Extended 100 mg capsule
Gabapentin 250 MG/5ML SOLUTION	Moved to higher tier - Tier 3	Gabapentin 100 mg, 300 mg, 400 mg, 600 mg, 800 mg capsule
Gabapentin 300 MG/6ML SOLUTION	Moved to higher tier - Tier 3	Gabapentin 100 mg, 300 mg, 400 mg, 600 mg, 800 mg capsule
lamoTRlgine 21 x 25 MG & 7 x 50 MG KIT	Removed from formulary (drug list)	Lamotrigine 25 mg, 50 mg, 100 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
lamoTRlgine 42 x 50 MG & 14x100 MG KIT	Removed from formulary (drug list)	Lamotrigine 25 mg, 50 mg, 100 mg tablet
LamoTRlgine 25 & 50 & 100 MG KIT	Removed from formulary (drug list)	Lamotrigine 25 mg, 50 mg, 100 mg tablet
lamoTRlgine 25 MG TAB DISP	Removed from formulary (drug list)	Lamotrigine 25 mg, 25 mg chewable tablet
lamoTRlgine 50 MG TAB DISP	Removed from formulary (drug list)	Lamotrigine 25 mg, 25 mg chewable tablet
lamoTRlgine 100 MG TAB DISP	Removed from formulary (drug list)	Lamotrigine 100 mg tablet
lamoTRlgine 200 MG TAB DISP	Removed from formulary (drug list)	Lamotrigine 200 mg tablet
LamoTRlgine ER 25 MG TAB ER 24H	Removed from formulary (drug list)	Lamotrigine 25 mg, 25 mg chewable tablet
LamoTRlgine ER 50 MG TAB ER 24H	Removed from formulary (drug list)	Lamotrigine 25 mg, 25 mg chewable tablet
LamoTRlgine ER 100 MG TAB ER 24H	Removed from formulary (drug list)	Lamotrigine 100 mg tablet
LamoTRlgine ER 200 MG TAB ER 24H	Removed from formulary (drug list)	Lamotrigine 200 mg tablet
LamoTRlgine ER 250 MG TAB ER 24H	Removed from formulary (drug list)	Lamotrigine 50 mg, 250 mg tablet
LamoTRlgine ER 300 MG TAB ER 24H	Removed from formulary (drug list)	Lamotrigine 100 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Oxcarbazepine 300 MG/5ML SUSPENSION	Moved to higher tier - Tier 4	Oxcarbazepine 150 mg, 300 mg, 600 mg tablet
Topiramate ER 25 MG CP24 SPRNK	Removed from formulary (drug list)	Topiramate 25 mg, 50 mg, 100 mg, 200 mg tablet
Topiramate ER 50 MG CP24 SPRNK	Removed from formulary (drug list)	Topiramate 25 mg, 50 mg, 100 mg, 200 mg tablet
Topiramate ER 100 MG CP24 SPRNK	Removed from formulary (drug list)	Topiramate 25 mg, 50 mg, 100 mg, 200 mg tablet
Topiramate ER 150 MG CP24 SPRNK	Removed from formulary (drug list)	Topiramate 25 mg, 50 mg, 100 mg, 200 mg tablet
Topiramate ER 200 MG CP24 SPRNK	Removed from formulary (drug list)	Topiramate 25 mg, 50 mg, 100 mg, 200 mg tablet
Entacapone 200 MG TAB	Moved to higher tier - Tier 4	Carbidopa-Levodopa 10-100 mg, 25-100 mg, 25-250 mg tablet
Bromocriptine Mesylate 5 MG CAP	Moved to higher tier - Tier 4	Carbidopa-Levodopa 10-100 mg, 25-100 mg, 25-250 mg tablet
Bromocriptine Mesylate 2.5 MG TAB	Moved to higher tier - Tier 4	Carbidopa-Levodopa 10-100 mg, 25-100 mg, 25-250 mg tablet
Pramipexole Dihydrochloride ER 0.375 MG TAB ER 24H	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Pramipexole Dihydrochloride ER 0.75 MG TAB ER 24H	Removed from formulary (drug list)	
Pramipexole Dihydrochloride ER 1.5 MG TAB ER 24H	Removed from formulary (drug list)	
Pramipexole Dihydrochloride ER 2.25 MG TAB ER 24H	Removed from formulary (drug list)	
Pramipexole Dihydrochloride ER 3 MG TAB ER 24H	Removed from formulary (drug list)	
Pramipexole Dihydrochloride ER 3.75 MG TAB ER 24H	Removed from formulary (drug list)	
Pramipexole Dihydrochloride ER 4.5 MG TAB ER 24H	Removed from formulary (drug list)	
Neupro 1 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 2 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 3 MG/24HR PATCH 24HR	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Neupro 4 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 6 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Neupro 8 MG/24HR PATCH 24HR	Removed from formulary (drug list)	
Carbidopa-Levodopa 10-100 MG TAB DISP	Moved to higher tier - Tier 4	Carbidopa-Levodopa 10-100 mg, 25-100 mg, 25-250 mg tablet
Carbidopa-Levodopa 25-100 MG TAB DISP	Moved to higher tier - Tier 4	Carbidopa-Levodopa 10-100 mg, 25-100 mg, 25-250 mg tablet
Carbidopa-Levodopa 25-250 MG TAB DISP	Moved to higher tier - Tier 4	Carbidopa-Levodopa 10-100 mg, 25-100 mg, 25-250 mg tablet
Methocarbamol 500 MG TAB	Moved to higher tier - Tier 3	Baclofen 5 mg, 10 mg tablet; Cyclobenzaprine 5 mg tablet; Tizanidine Hcl 2mg, 4 mg tablet
Methocarbamol 750 MG TAB	Moved to higher tier - Tier 3	Baclofen 5 mg, 10 mg tablet; Cyclobenzaprine 5 mg tablet; Tizanidine Hcl 2mg, 4 mg tablet
Guanidine HCl 125 MG TAB	Removed from formulary (drug list)	Drug discontinued

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Pyridostigmine Bromide ER 180 MG TAB ER	Moved to higher tier - Tier 4	Pyridostigmine Bromide 60 mg tablet
Pyridostigmine Bromide 60 MG/5ML SOLUTION	Moved to lower tier - Tier 4	
Taron-Prex 30-1.2-265 MG CAP	Removed from formulary (drug list)	Prenaissance 29-1.25-325 mg capsule; PNV-DHA+Docusate 27-1.25-300 mg capsule
Potassium Chloride 20 MEQ/15ML (10%) SOLUTION	Moved to higher tier - Tier 4	Potassium Chloride ER 20 meq, 8 meq, 10 meq tablet; Potassium Chloride ER 10 meq capsule
Potassium Chloride 10 % SOLUTION	Moved to higher tier - Tier 4	Potassium Chloride ER 20 meq, 8 meq, 10 meq tablet; Potassium Chloride ER 10 meq capsule
Potassium Chloride 40 MEQ/15ML (20%) SOLUTION	Moved to higher tier - Tier 4	Potassium Chloride ER 20 meq, 8 meq, 10 meq tablet; Potassium Chloride ER 10 meq capsule
Multiple Electro Type 1 pH 5.5 SOLUTION	Removed from formulary (drug list)	
Multiple Electro Type 1 pH 7.4 SOLUTION	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Normosol-R SOLUTION	Removed from formulary (drug list)	
Normosol-R pH 7.4 SOLUTION	Removed from formulary (drug list)	
Isolyte-S SOLUTION	Removed from formulary (drug list)	Lactated Ringers Solution
Isolyte-S pH 7.4 SOLUTION	Removed from formulary (drug list)	Lactated Ringers Solution
Potassium Chloride in NaCl 20-0.45 MEQ/L-% SOLUTION	Removed from formulary (drug list)	Potassium Chloride in NaCl 20-0.9 meq/l-%, 40-0.9 meq/l-% solution
KCl (0.149%) in NaCl 20-0.45 MEQ/L-% SOLUTION	Removed from formulary (drug list)	
Isolyte-P in D5W SOLUTION	Removed from formulary (drug list)	
KCl in Dextrose-NaCl 10-5-0.45 MEQ/L-%-% SOLUTION	Removed from formulary (drug list)	
KCl in Dextrose-NaCl 30-5-0.45 MEQ/L-%-% SOLUTION	Removed from formulary (drug list)	
KCl in Dextrose-NaCl 40-5-0.45 MEQ/L-%-% SOLUTION	Removed from formulary (drug list)	
Hepatamine 8 % SOLUTION	Removed from formulary (drug list)	Aminosyn II 10 % solution; Premasol 10 % solution
Aranesp (Albumin Free) 60 MCG/ML SOLUTION	Moved to lower tier - Tier 4	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Leukine 250 MCG RECON SOLN	Removed from formulary (drug list)	Levocetirizine Dihydrochloride 5 mg tablet
Cerdelga 84 MG CAP	Removed from formulary (drug list)	
Cerezyme 400 UNIT RECON SOLN	Removed from formulary (drug list)	
Yargesa 100 MG CAP	Removed from formulary (drug list)	
Miglustat 100 MG CAP	Removed from formulary (drug list)	
Dabigatran Etexilate Mesylate 110 MG CAP	Removed from formulary (drug list)	Xarelto 2.5 mg, 10 mg, 15 mg, 20 mg tablet; Eliquis 2.5 mg, 5 mg tablet
Dipyridamole 25 MG TAB	Moved to higher tier - Tier 3	Midodrine Hcl 2.5 mg, 5 mg, 10 mg tablet
Dipyridamole 50 MG TAB	Moved to higher tier - Tier 3	Midodrine Hcl 2.5 mg, 5 mg, 10 mg tablet
Dipyridamole 75 MG TAB	Moved to higher tier - Tier 3	Midodrine Hcl 2.5 mg, 5 mg, 10 mg tablet
Cablivi 11 MG KIT	Removed from formulary (drug list)	Prednisone 1 mg, 10 mg, 50 mg tablet
Zontivity 2.08 MG TAB	Removed from formulary (drug list)	Clopidogrel Bisulfate 75 mg tablet
Prasugrel HCl 5 MG TAB	Moved to higher tier - Tier 3	Clopidogrel Bisulfate 75 mg tablet

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Prasugrel HCl 10 MG TAB	Moved to higher tier - Tier 3	Clopidogrel Bisulfate 75 mg tablet
Cinryze 500 UNIT RECON SOLN	Removed from formulary (drug list)	Haegarda 2000, 300 unit recon solution
Berinert 500 UNIT KIT	Removed from formulary (drug list)	Haegarda 2000, 300 unit recon solution
AzaSite 1 % SOLUTION	Removed from formulary (drug list)	Tobramycin 0.3 % solution
Bacitracin 500 UNIT/GM OINTMENT	Moved to higher tier - Tier 4	Bacitracin-Polymyxin B 500-10000 unit/gm ointment
Ciloxan 0.3 % OINTMENT	Moved to higher tier - Tier 4	Ciprofloxacin HCl 0.3 % solution
Gatifloxacin 0.5 % SOLUTION	Removed from formulary (drug list)	Moxifloxacin HCl 0.5 % solution
Xdemvy 0.25 % SOLUTION	Added to formulary - Tier 5	
Betoptic-S 0.25 % SUSPENSION	Removed from formulary (drug list)	Timolol Maleate 0.25 %, 0.5 % solution
Timolol Maleate PF 0.5 % SOLUTION	Removed from formulary (drug list)	Timolol Maleate 0.25 %, 0.5 % solution
Timolol Maleate OcuDose 0.5 % SOLUTION	Removed from formulary (drug list)	Timolol Maleate 0.25 %, 0.5 % solution
Timolol Maleate 0.25 % GEL F SOLN	Moved to higher tier - Tier 3	Timolol Maleate 0.25 %, 0.5 % solution
Timolol Maleate 0.5 % GEL F SOLN	Moved to higher tier - Tier 3	Timolol Maleate 0.25 %, 0.5 % solution

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Difluprednate 0.05 % EMULSION	Moved to higher tier - Tier 4	Loteprednol Etabonate 0.5 %, 0.2 % suspension
TobraDex 0.3-0.1 % OINTMENT	Removed from formulary (drug list)	Tobramycin-Dexamethasone 0.3-0.1 % suspension
Neomycin-Polymyxin-HC 3.5-10000-1 SUSPENSION	Moved to higher tier - Tier 4	Neomycin-Polymyxin-Dexameth 3.5-10000-0.1 suspension; Neomycin-Bacitracin Zn-Polymyx ointment
Bimatoprost 0.03 % SOLUTION	Moved to higher tier - Tier 4	Lumigan 0.01 % solution
Phospholine Iodide 0.125 % RECON SOLN	Removed from formulary (drug list)	Pilocarpine HCl 1 %, 2 %, 4% solution
Apraclonidine HCl 0.5 % SOLUTION	Moved to higher tier - Tier 3	Brimonidine Tartrate 0.2 % solution
Brimonidine Tartrate 0.15 % SOLUTION	Moved to higher tier - Tier 4	Brimonidine Tartrate 0.2 % solution
Lastacaft 0.25 % SOLUTION	Removed from formulary (drug list)	Azelastine 0.05% solution
Bepotastine Besilate 1.5 % SOLUTION	Removed from formulary (drug list)	Azelastine Hcl 0.05 % solution
Olopatadine HCl 0.1 % SOLUTION	Removed from formulary (drug list)	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Olopatadine HCl 0.2 % SOLUTION	Removed from formulary (drug list)	
Pazeo 0.7 % SOLUTION	Removed from formulary (drug list)	
Prolensa 0.07 % SOLUTION	Removed from formulary (drug list)	Diclofenac Sodium 0.1%, Flurbiprofen 0.03%, Ketorolac Tromethamine 0.5% ophthalmic solution
Ciprofloxacin HCl 0.2 % SOLUTION	Moved to higher tier - Tier 3	Ciprofloxacin 250 mg, 500 mg tablet
Hydrocortisone-Acetic Acid 1-2 % SOLUTION	Moved to higher tier - Tier 3	
Cevimeline HCl 30 MG CAP	Moved to higher tier - Tier 4	Hydroxychloroquine Sulfate 100 mg, 200 mg, 300 mg, 400 mg tablet
Anusol-HC 2.5 % CREAM	Removed from formulary (drug list)	Proctosol HC 2.5% cream
Adapalene 0.1 % CREAM	Moved to higher tier - Tier 4	Clindamycin Phos-Benzoyl Perox 1.2-5 % gel
Adapalene 0.1 % GEL	Removed from formulary (drug list)	Adapalene 0.1% cream
Adapalene 0.3 % GEL	Removed from formulary (drug list)	Clindamycin Phos-Benzoyl Perox 1.2-5 % gel
Myorisan 30 MG CAP	Removed from formulary (drug list)	Isotretinoin 30 MG capsule

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Accutane 30 MG CAP	Removed from formulary (drug list)	Isotretinoin 30 MG capsule
Avita 0.025 % CREAM	Removed from formulary (drug list)	Tretinoin 0.025 % cream
Tretinoin 0.025 % CREAM	Moved to higher tier - Tier 4	
Tretinoin 0.05 % CREAM	Moved to higher tier - Tier 4	
Tretinoin 0.1 % CREAM	Moved to higher tier - Tier 4	
Tretinoin 0.01 % GEL	Moved to higher tier - Tier 4	
Avita 0.025 % GEL	Removed from formulary (drug list)	Tretinoin 0.025 % cream
Tretinoin 0.025 % GEL	Moved to higher tier - Tier 4	Tretinoin 0.025 % cream
Tretinoin Microsphere 0.04 % GEL	Removed from formulary (drug list)	Tretinoin 0.025 % cream
Tretinoin Microsphere Pump 0.04 % GEL	Removed from formulary (drug list)	Tretinoin 0.025 % cream
Tretinoin Microsphere 0.1 % GEL	Removed from formulary (drug list)	Tretinoin 0.025 % cream
Tretinoin Microsphere Pump 0.1 % GEL	Removed from formulary (drug list)	Tretinoin 0.025 % cream
Clindacin-P 1 % SWAB	Removed from formulary (drug list)	Clindamycin Phosphate 1% solution
Clindacin ETZ 1 % SWAB	Removed from formulary (drug list)	Clindamycin Phosphate 1% solution
Erythromycin 2 % GEL	Moved to higher tier - Tier 4	Clindamycin Phosphate 1 % gel

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Ery 2 % PAD	Moved to higher tier - Tier 3	Clindamycin Phosphate 1 % gel
Sulfacetamide Sodium (Acne) 10 % LOTION	Moved to higher tier - Tier 3	
Benzoyl Peroxide-Erythromycin 5-3 % GEL	Moved to higher tier - Tier 4	Clindamycin Phos-Benzoyl Perox 1.2-5 % gel
Clindamycin Phos-Benzoyl Perox 1-5 % GEL	Moved to higher tier - Tier 4	Clindamycin Phosphate-Benzoyl Peroxide 1.2-5% gel
Ciclopirox 1 % SHAMPOO	Moved to higher tier - Tier 4	Ketoconazole 2 % shampoo
Naftifine HCl 2 % GEL	Removed from formulary (drug list)	Ketoconazole 2 % cream
Nystop 100000 UNIT/GM POWDER	Removed from formulary (drug list)	Nystatin 100000 unit/gm cream
Nyamyc 100000 UNIT/GM POWDER	Removed from formulary (drug list)	Nystatin 100000 unit/gm cream
Nystatin 100000 UNIT/GM POWDER	Removed from formulary (drug list)	Nystatin 100000 unit/gm cream
Klayesta 100000 UNIT/GM POWDER	Removed from formulary (drug list)	Nystatin 100000 unit/gm cream
Econazole Nitrate 1 % CREAM	Moved to higher tier - Tier 4	Ketoconazole 2 % cream
Nystatin-Triamcinolone 100000-0.1 UNIT/GM-% CREAM	Moved to higher tier - Tier 4	Nystatin 100000 UNIT/GM cream, ointment

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Nystatin-Triamcinolone 100000-0.1 UNIT/GM-% OINTMENT	Moved to higher tier - Tier 4	Nystatin 100000 UNIT/GM cream, ointment
Enstilar 0.005-0.064 % FOAM	Added quantity limit	
Vectical 3 MCG/GM OINTMENT	Added quantity limit	
Calcitriol 3 MCG/GM OINTMENT	Added quantity limit	
Tazarotene 0.05 % GEL	Added to formulary - Tier 4	
Tazarotene 0.1 % GEL	Added to formulary - Tier 4	
Taltz 80 MG/ML SOLN A-INJ	Removed from formulary (drug list)	Cosentyx 75 mg/0.5 ml, 150 mg/ml prefilled syringe solution
Taltz 80 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Cosentyx 75 mg/0.5 ml, 150 mg/ml prefilled syringe solution
Cosentyx Sensoready Pen 150 MG/ML SOLN A-INJ	Added to formulary - Tier 5	
Cosentyx Sensoready (300 MG) 150 MG/ML SOLN A-INJ	Added to formulary - Tier 5	
Cosentyx UnoReady 300 MG/2ML SOLN A-INJ	Added to formulary - Tier 5	
Cosentyx 75 MG/0.5ML SOLN PRSYR	Added to formulary - Tier 5	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Cosentyx 150 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Cosentyx (300 MG Dose) 150 MG/ML SOLN PRSYR	Added to formulary - Tier 5	
Sulfamylon 85 MG/GM CREAM	Removed from formulary (drug list)	Silver Sulfadiazine 1 % cream
Betamethasone Dipropionate Aug 0.05 % LOTION	Moved to higher tier - Tier 3	Betamethasone Dipropionate Aug 0.05 % cream
Clobetasol Propionate 0.05 % SOLUTION	Moved to higher tier - Tier 4	Halobetasol Propionate 0.05 % cream
Clobetasol Propionate 0.05 % CREAM	Moved to higher tier - Tier 4	Halobetasol Propionate 0.05 % cream
Clobetasol Propionate 0.05 % GEL	Moved to higher tier - Tier 4	Halobetasol Propionate 0.05 % cream
Clobetasol Propionate 0.05 % LOTION	Removed from formulary (drug list)	Halobetasol Propionate 0.05 % cream
Clobetasol Propionate 0.05 % OINTMENT	Moved to higher tier - Tier 4	Halobetasol Propionate 0.05 % cream
Clodan 0.05 % SHAMPOO	Removed from formulary (drug list)	Fluocinonide 0.05 % solution
Clobetasol Propionate 0.05 % SHAMPOO	Removed from formulary (drug list)	Halobetasol Propionate 0.05 % cream
Clobetasol Propionate E 0.05 % CREAM	Moved to higher tier - Tier 4	Halobetasol Propionate 0.05 % cream

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Clobetasol Prop Emollient Base 0.05 % CREAM	Moved to higher tier - Tier 4	Halobetasol Propionate 0.05 % cream
Desonide 0.05 % CREAM	Moved to higher tier - Tier 4	Triamcinolone Acetonide 0.1 % cream; 0.5 % cream
Desonide 0.05 % OINTMENT	Moved to higher tier - Tier 4	Triamcinolone Acetonide 0.1 % cream; 0.5 % cream
Desoximetasone 0.05 % CREAM	Removed from formulary (drug list)	Betamethasone Dipropionate Aug 0.05 % cream
Desoximetasone 0.25 % CREAM	Moved to higher tier - Tier 3	Betamethasone Dipropionate Aug 0.05 % cream
Fluocinolone Acetonide 0.01 % CREAM	Moved to higher tier - Tier 3	Betamethasone Valerate 0.1 % cream, ointment, lotion; Mometasone Furoate 0.1 % cream, ointment, solution; Triamcinolone Acetonide 0.1 % cream, ointment, lotion

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Fluocinolone Acetonide 0.025 % CREAM	Moved to higher tier - Tier 3	Betamethasone Valerate 0.1 % cream, ointment, lotion; Mometasone Furoate 0.1 % cream, ointment, solution; Triamcinolone Acetonide 0.1 % cream, ointment, lotion
Fluocinolone Acetonide 0.025 % OINTMENT	Moved to higher tier - Tier 3	Betamethasone Valerate 0.1 % cream, ointment, lotion; Mometasone Furoate 0.1 % cream, ointment, solution; Triamcinolone Acetonide 0.1 % cream, ointment, lotion
Capex 0.01 % SHAMPOO	Removed from formulary (drug list)	Fluocinonide 0.05 % solution
Fluocinonide 0.05 % SOLUTION	Moved to higher tier - Tier 3	Betamethasone Dipropionate Aug 0.05 % cream

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Fluocinonide 0.05 % CREAM	Moved to higher tier - Tier 3	Betamethasone Valerate 0.1 % cream, ointment, lotion; Mometasone Furoate 0.1 % cream, ointment, solution; Triamcinolone Acetonide 0.1 % cream, ointment, lotion
Fluocinonide 0.05 % GEL	Moved to higher tier - Tier 3	Betamethasone Dipropionate Aug 0.05 % cream
Fluocinonide 0.05 % OINTMENT	Moved to higher tier - Tier 3	Betamethasone Valerate 0.1 % cream, ointment, lotion; Mometasone Furoate 0.1 % cream, ointment, solution; Triamcinolone Acetonide 0.1 % cream, ointment, lotion
Fluocinonide Emulsified Base 0.05 % CREAM	Moved to higher tier - Tier 3	Betamethasone Dipropionate Aug 0.05 % cream
Halobetasol Propionate 0.05 % CREAM	Moved to higher tier - Tier 3	Betamethasone Dipropionate Aug 0.05 % cream

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Halobetasol Propionate 0.05 % OINTMENT	Moved to higher tier - Tier 3	Betamethasone Dipropionate Aug 0.05 % cream
Hydrocortisone Valerate 0.2 % CREAM	Removed from formulary (drug list)	Mometasone Furoate 0.1% cream,ointment; Triamcinolone Acetonide 0.1 % cream; 0.1 % ointment
Hydrocortisone Valerate 0.2 % OINTMENT	Removed from formulary (drug list)	Mometasone Furoate 0.1% cream,ointment; Triamcinolone Acetonide 0.1 % cream; 0.1 % ointment
Hydrocortisone Butyrate 0.1 % SOLUTION	Removed from formulary (drug list)	Triamcinolone Acetonide 0.1 % cream; 0.5 % cream
Hydrocortisone Butyrate 0.1 % SOLUTION	Removed from formulary (drug list)	Triamcinolone Acetonide 0.1 % cream; 0.5 % cream
Hydrocortisone Butyrate 0.1 % OINTMENT	Moved to higher tier - Tier 4	Triamcinolone Acetonide 0.1 % cream; 0.5 % cream
Calcipotriene-Betameth Diprop 0.005-0.064 % SUSPENSION	Added quantity limit	
Taclonex 0.005-0.064 % SUSPENSION	Added quantity limit	
Calcipotriene-Betameth Diprop 0.005-0.064 % OINTMENT	Added quantity limit	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Taclonex 0.005-0.064 % OINTMENT	Added quantity limit	
Duobrii 0.01-0.045 % LOTION	Removed from formulary (drug list)	Halobetasol Propionate 0.05 % cream
Santyl 250 UNIT/GM OINTMENT	Moved to higher tier - Tier 4	
Tacrolimus 0.03 % OINTMENT	Moved to higher tier - Tier 4	Triamcinolone Acetonide 0.025 % ointment, 0.1 % ointment, 0.5% ointment Triamcinolone Acetonide 0.1 % OINTMENT Triamcinolone Acetonide 0.5 % OINTMENT
Tacrolimus 0.1 % OINTMENT	Moved to higher tier - Tier 4	Triamcinolone Acetonide 0.025 % ointment, 0.1 % ointment, 0.5% ointment Triamcinolone Acetonide 0.1 % OINTMENT Triamcinolone Acetonide 0.5 % OINTMENT
Lindane 1 % SHAMPOO	Removed from formulary (drug list)	Permethrin 5 % cream
Malathion 0.5 % LOTION	Moved to higher tier - Tier 4	Permethrin 5 % cream
Regranex 0.01 % GEL	Removed from formulary (drug list)	Metronidazole 0.75 % GEL

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Deferasirox 90 MG TAB	Removed from formulary (drug list)	Deferasirox 125 mg tablet solution
Deferasirox 180 MG TAB	Removed from formulary (drug list)	Deferasirox 250 mg, 500 mg tablet solution
Deferasirox 360 MG TAB	Removed from formulary (drug list)	Deferasirox 250 mg, 500 mg tablet solution
Deferiprone 500 MG TAB	Removed from formulary (drug list)	Deferasirox 250 mg, 500 mg tablet solution
Deferiprone 1000 MG TAB	Removed from formulary (drug list)	Deferasirox 250 mg, 500 mg tablet solution
Ferriprox 100 MG/ML SOLUTION	Removed from formulary (drug list)	Deferasirox 250 mg, 500 mg tablet solution
Mycophenolate Mofetil 200 MG/ML RECON SUSP	Moved to lower tier - Tier 4	
Tacrolimus 0.5 MG CAP	Moved to higher tier - Tier 3	
Tacrolimus 1 MG CAP	Moved to higher tier - Tier 3	
Tacrolimus 5 MG CAP	Moved to higher tier - Tier 3	
Astagraf XL 0.5 MG CAP ER 24H	Removed from formulary (drug list)	
Astagraf XL 1 MG CAP ER 24H	Removed from formulary (drug list)	
Astagraf XL 5 MG CAP ER 24H	Removed from formulary (drug list)	
Lokelma 5 GM PACKET	Added to formulary - Tier 3	
Lokelma 10 GM PACKET	Added to formulary - Tier 3	

EFFECTIVE DATE 1/1/2025

Drug Name	Description of Change	Alternative
Veltassa 8.4 GM PACKET	Removed from formulary (drug list)	Lokelma 5 gm, 10 gm packet
Veltassa 16.8 GM PACKET	Removed from formulary (drug list)	Lokelma 5 gm, 10 gm packet
Veltassa 25.2 GM PACKET	Removed from formulary (drug list)	Lokelma 5 gm, 10 gm packet
Bronchitol 40 MG CAP	Updated quantity limit	
Diclofenac Sodium 1.5 % SOLUTION	Added to formulary - Tier 3	

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。