



## Blue Shield 65 Plus (HMO)

### Formulary Updates:

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

### Abbreviation Key:

Symbol	Name	Description
LA	Limited Access	This prescription may be available only at certain pharmacies.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
ED	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug.
VAC	IRA Vaccine \$0	This Part D vaccines is at no cost to you. Call Customer Service for more information.
INS	Covered Insulin	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Drug Tier Key
<b>gen:</b> Generic Drugs
<b>brd:</b> Preferred Brand Drugs
<b>npd:</b> Non-Preferred Drugs
<b>inj:</b> Injectable Drugs
<b>spec:</b> Specialty Tier Drugs

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Advair Diskus 100-50 Mcg/Act	Removed from formulary (drug list)	Fluticasone propionate / Salmeterol 100-50mg Fluticasone propionate / Salmeterol 250-50mg Fluticasone propionate / Salmeterol 500-50mg
Advair Diskus 250-50 Mcg/Act	Removed from formulary (drug list)	Fluticasone propionate / Salmeterol 100-50mg Fluticasone propionate / Salmeterol 250-50mg Fluticasone propionate / Salmeterol 500-50mg
Advair Diskus 500-50 Mcg/Act	Removed from formulary (drug list)	Fluticasone propionate / Salmeterol 100-50mg Fluticasone propionate / Salmeterol 250-50mg Fluticasone propionate / Salmeterol 500-50mg
Albendazole 200 Mg Tab	Moved to lower tier - npd (Tier 3)	
Alosetron Hcl 0.5 Mg Tab	Moved to lower tier - npd (Tier 3)	
Alosetron Hcl 1 Mg Tab	Moved to lower tier - npd (Tier 3)	
Aranesp (Albumin Free) 100 Mcg/MI Solution	Moved to lower tier - inj (Tier 4)	
Berinert 500 Unit Kit	Removed from formulary (drug list)	Icatibant 30mg/3ml
Budesonide-Formoterol Fumarate 160-4.5 Mcg/Act Aerosol	Added to brd (Tier 2)	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Budesonide-Formoterol Fumarate 80-4.5 Mcg/Act Aerosol	Added to brd (Tier 2)	
Buprenorphine Hcl 2 Mg SI Tab	Updated quantity limit	
Buprenorphine Hcl 8 Mg SI Tab	Updated quantity limit	
Bupropion Hcl Er (XI) 450 Mg Tab Er 24H	Removed from formulary (drug list)	
Byetta 10 Mcg Pen 10 Mcg/0.04MI Soln Pen	Added prior authorization	
Byetta 5 Mcg Pen 5 Mcg/0.02MI Soln Pen	Added prior authorization	
Bylvay 1200 Mcg Cap	Updated quantity limit	
Bylvay 400 Mcg Cap	Updated quantity limit	
Cabergoline 0.5 Mg Tab	Removed quantity limit	
Carbinoxamine Maleate 4 Mg Tab	Removed from formulary (drug list)	
Carbinoxamine Maleate 4 Mg/5MI Solution	Removed from formulary (drug list)	
Carisoprodol 250 Mg Tab	Removed from formulary (drug list)	
Carisoprodol-Aspirin 200-325 Mg Tab	Removed from formulary (drug list)	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Carisoprodol-Aspirin-Codeine 200-325-16 Mg Tab	Removed from formulary (drug list)	
Chlordiazepoxide Hcl 10 Mg Cap	Removed from formulary (drug list)	
Chlordiazepoxide Hcl 25 Mg Cap	Removed from formulary (drug list)	
Chlordiazepoxide Hcl 5 Mg Cap	Removed from formulary (drug list)	
Chlordiazepoxide-Amitriptyline 10-25 Mg Tab	Removed from formulary (drug list)	
Chlordiazepoxide-Amitriptyline 5-12.5 Mg Tab	Removed from formulary (drug list)	
Cinryze 500 Unit Recon Soln	Removed from formulary (drug list)	Haegarda 2000unit or 3000unit,
Clemastine Fumarate 2.68 Mg Tab	Removed from formulary (drug list)	
Cyclobenzaprine Hcl 7.5 Mg Tab	Removed from formulary (drug list)	
Cyproheptadine Hcl 2 Mg/5MI Syrup	Removed from formulary (drug list)	
Depo-Subq Provera 104 104 Mg/0.65MI Susp Prsyr	Added to inj (Tier 4)	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Dexlansoprazole 30 Mg Cap Dr	Removed from formulary (drug list)	Lansoprazole 30 MG CAP DR Omeprazole 10 MG CAP DR Omeprazole 20 MG CAP DR Omeprazole 40 MG CAP DR Pantoprazole Sodium 20 MG TAB DR Pantoprazole Sodium 40 MG TAB DR
Dexlansoprazole 60 Mg Cap Dr	Removed from formulary (drug list)	Lansoprazole 30 MG CAP DR Omeprazole 10 MG CAP DR Omeprazole 20 MG CAP DR Omeprazole 40 MG CAP DR Pantoprazole Sodium 20 MG TAB DR Pantoprazole Sodium 40 MG TAB DR
Digoxin 0.05 Mg/MI Solution	Removed from formulary (drug list)	Digoxin 125mcg and 250mcg Tablet
Duavee 0.45-20 Mg Tab	Removed from formulary (drug list)	
Dupixent 100 Mg/0.67MI Soln Prsyr	Added to spec (Tier 5) with prior authorization	
Dupixent 200 Mg/1.14MI Soln Pen	Added to spec (Tier 5) with prior authorization	
Dupixent 200 Mg/1.14MI Soln Prsyr	Added to spec (Tier 5) with prior authorization	
Dupixent 300 Mg/2MI Soln Pen	Added to spec (Tier 5) with prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Dupixent 300 Mg/2MI Soln Prsyr	Added to spec (Tier 5) with prior authorization	
Enbrel 25 Mg Recon Soln	Added quantity limit	
Enbrel 25 Mg/0.5MI Soln Prsyr	Added quantity limit	
Enbrel 25 Mg/0.5MI Solution	Added quantity limit	
Enbrel 50 Mg/MI Soln Prsyr	Added quantity limit	
Enbrel Sureclick 50 Mg/MI Soln A-Inj	Added quantity limit	
Endari 5 Gm Packet	Added to spec (Tier 5) with prior authorization	
Fabrazyme 35 Mg Recon Soln	Removed from formulary (drug list)	
Fabrazyme 5 Mg Recon Soln	Removed from formulary (drug list)	
Fexmid 7.5 Mg Tab	Removed from formulary (drug list)	
Fioricet 50-300-40 Mg Cap	Removed from formulary (drug list)	
Firdapse 10 Mg Tab	Removed from formulary (drug list)	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Flovent Diskus 100 Mcg/Act	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Diskus 250 Mcg/Act	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Diskus 50 Mcg/Act	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Hfa 110 Mcg/Act Aerosol	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Hfa 220 Mcg/Act Aerosol	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Flovent Hfa 44 Mcg/Act Aerosol	Removed from formulary (drug list)	Arnuity Ellipta 50mcg, Arnuity Ellipta 100mcg, Arnuity Ellipta 200mcg, Pulmicort Flexihaler 90mcg, Pulmicort Flexihaler 180mcg
Genotropin 12 Mg Cartridge	Added to spec (Tier 5) with prior authorization	
Genotropin 5 Mg Cartridge	Added to spec (Tier 5) with prior authorization	
Genotropin Miniquick 0.2 Mg Prsyr	Added to spec (Tier 5) with prior authorization	



Effective 1/1/2024

Drug Name	Description of Change	Alternative
Genotropin Miniquick 0.4 Mg Prsyr	Added to spec (Tier 5) with prior authorization	
Genotropin Miniquick 0.6 Mg Prsyr	Added to spec (Tier 5) with prior authorization	
Genotropin Miniquick 0.8 Mg Prsyr	Added to spec (Tier 5) with prior authorization	
Genotropin Miniquick 1 Mg Prsyr	Added to spec (Tier 5) with prior authorization	
Genotropin Miniquick 1.2 Mg Prsyr	Added to spec (Tier 5) with prior authorization	
Genotropin Miniquick 1.4 Mg Prsyr	Added to spec (Tier 5) with prior authorization	
Genotropin Miniquick 1.6 Mg Prsyr	Added to spec (Tier 5) with prior authorization	
Genotropin Miniquick 1.8 Mg Prsyr	Added to spec (Tier 5) with prior authorization	
Genotropin Miniquick 2 Mg Prsyr	Added to spec (Tier 5) with prior authorization	
Glassia 1000 Mg/50MI Solution	Removed from formulary (drug list)	
Humalog 100 Unit/MI Solution	Removed from formulary (drug list)	Humalog Kwikpen Insulin Lispro Vials
Humira 10 Mg/0.1MI Pref Sy Kt	Added quantity limit	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Humira 10 Mg/0.2MI Pref Sy Kt	Added quantity limit	
Humira 20 Mg/0.2MI Pref Sy Kt	Added quantity limit	
Humira 20 Mg/0.4MI Pref Sy Kt	Added quantity limit	
Humira 40 Mg/0.4MI Pref Sy Kt	Added quantity limit	
Humira Pediatric Crohns Start 40 Mg/0.8MI Pref Sy Kt	Added quantity limit	
Humira Pediatric Crohns Start 80 Mg/0.8MI & 40Mg/0.4MI Pref Sy Kt	Added quantity limit	
Humira Pediatric Crohns Start 80 Mg/0.8MI Pref Sy Kt	Added quantity limit	
Humira Pen 40 Mg/0.4MI Pen Kit	Added quantity limit	
Humira Pen-Pediatric Uc Start 80 Mg/0.8MI Pen Kit	Added quantity limit	
Humira Pen-Ps/Uv/Adol Hs Start 40 Mg/0.8MI Pen Kit	Added quantity limit	

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Drug Name	Description of Change	Alternative
Humira Pen-Psor/Uveit Starter 80 Mg/0.8MI & 40Mg/0.4MI Pen Kit	Added quantity limit	
Humulin R U-500 (Concentrated) 500 Unit/MI Solution	Added BvD prior authorization	
Incruse Ellipta 62.5 Mcg/Act	Removed from formulary (drug list)	Spirvia handihaler
Itraconazole 100 Mg Cap	Removed prior authorization	
Ivermectin 0.5 % Lotion	Removed from formulary (drug list)	
Juxtapid 10 Mg Cap	Removed from formulary (drug list)	Repatha Pushtonex System 420 MG/3.5ML SOLN CART Repatha SureClick 140 MG/ML SOLN A-INJ Repatha 140 MG/ML SOLN PRSYR
Juxtapid 20 Mg Cap	Removed from formulary (drug list)	Repatha Pushtonex System 420 MG/3.5ML SOLN CART Repatha SureClick 140 MG/ML SOLN A-INJ Repatha 140 MG/ML SOLN PRSYR
Juxtapid 30 Mg Cap	Removed from formulary (drug list)	Repatha Pushtonex System 420 MG/3.5ML SOLN CART Repatha SureClick 140 MG/ML SOLN A-INJ Repatha 140 MG/ML SOLN PRSYR

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Drug Name	Description of Change	Alternative
Juxtapid 40 Mg Cap	Removed from formulary (drug list)	Repatha Pushtonex System 420 MG/3.5ML SOLN CART Repatha SureClick 140 MG/ML SOLN A-INJ Repatha 140 MG/ML SOLN PRSYR
Juxtapid 5 Mg Cap	Removed from formulary (drug list)	Repatha Pushtonex System 420 MG/3.5ML SOLN CART Repatha SureClick 140 MG/ML SOLN A-INJ Repatha 140 MG/ML SOLN PRSYR
Juxtapid 60 Mg Cap	Removed from formulary (drug list)	Repatha Pushtonex System 420 MG/3.5ML SOLN CART Repatha SureClick 140 MG/ML SOLN A-INJ Repatha 140 MG/ML SOLN PRSYR
Ketoprofen 25 Mg Cap	Removed from formulary (drug list)	Ibuprofen 400mg, 600mg, and 800mg Tablet
Ketoprofen 50 Mg Cap	Removed from formulary (drug list)	Ibuprofen 400mg, 600mg, and 800mg Tablet
Ketoprofen 75 Mg Cap	Removed from formulary (drug list)	Ibuprofen 400mg, 600mg, and 800mg Tablet
Ketorolac Tromethamine 10 Mg Tab	Removed from formulary (drug list)	
Levemir 100 Unit/MI Solution	Removed from formulary (drug list)	
Levemir Flextouch 100 Unit/MI Soln Pen	Removed from formulary (drug list)	

Drug Name	Description of Change	Alternative
Lupron Depot-Ped (1-Month) 11.25 Mg Kit	Removed from formulary (drug list)	Lupron Depot (1-Month) 3.75 MG KIT Lupron Depot (1-Month) 7.5 MG KIT Lupron Depot (3-Month) 11.25 MG KIT Lupron Depot (3-Month) 22.5 MG KIT Lupron Depot (4-Month) 30 MG KIT Lupron Depot (6-Month) 45 MG KIT
Lupron Depot-Ped (1-Month) 15 Mg Kit	Removed from formulary (drug list)	Lupron Depot (1-Month) 3.75 MG KIT Lupron Depot (1-Month) 7.5 MG KIT Lupron Depot (3-Month) 11.25 MG KIT Lupron Depot (3-Month) 22.5 MG KIT Lupron Depot (4-Month) 30 MG KIT Lupron Depot (6-Month) 45 MG KIT
Lupron Depot-Ped (1-Month) 7.5 Mg Kit	Removed from formulary (drug list)	Lupron Depot (1-Month) 3.75 MG KIT Lupron Depot (1-Month) 7.5 MG KIT Lupron Depot (3-Month) 11.25 MG KIT Lupron Depot (3-Month) 22.5 MG KIT Lupron Depot (4-Month) 30 MG KIT Lupron Depot (6-Month) 45 MG KIT
Lupron Depot-Ped (3-Month) 11.25 Mg (Ped) Kit	Removed from formulary (drug list)	Lupron Depot (1-Month) 3.75 MG KIT Lupron Depot (1-Month) 7.5 MG KIT Lupron Depot (3-Month) 11.25 MG KIT Lupron Depot (3-Month) 22.5 MG KIT Lupron Depot (4-Month) 30 MG KIT Lupron Depot (6-Month) 45 MG KIT

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Lupron Depot-Ped (3-Month) 30 Mg Kit	Removed from formulary (drug list)	Lupron Depot (1-Month) 3.75 MG KIT Lupron Depot (1-Month) 7.5 MG KIT Lupron Depot (3-Month) 11.25 MG KIT Lupron Depot (3-Month) 22.5 MG KIT Lupron Depot (4-Month) 30 MG KIT Lupron Depot (6-Month) 45 MG KIT
Lyumjev 100 Unit/MI Solution	Removed from formulary (drug list)	Humalog Kwikpen Insulin Lispro Vials
Lyumjev 100 Unit/MI Solution	Removed from formulary (drug list)	Humalog Kwikpen Insulin Lispro Vials
Lyumjev Kwikpen 100 Unit/MI Soln Pen	Removed from formulary (drug list)	Humalog Kwikpen Insulin Lispro Vials
Lyumjev Kwikpen 100 Unit/MI Soln Pen	Removed from formulary (drug list)	Humalog Kwikpen Insulin Lispro Vials
Lyumjev Kwikpen 200 Unit/MI Soln Pen	Removed from formulary (drug list)	Humalog Kwikpen Insulin Lispro Vials
Lyumjev Kwikpen 200 Unit/MI Soln Pen	Removed from formulary (drug list)	Humalog Kwikpen Insulin Lispro Vials
Meperidine Hcl 50 Mg Tab	Removed from formulary (drug list)	
Meperidine Hcl 50 Mg/5MI Solution	Removed from formulary (drug list)	
Moxifloxacin Hcl 400 Mg/250MI Solution	Added to inj (Tier 4) with prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Moxifloxacin Hcl In Nacl 400 Mg/250MI Solution	Added to inj (Tier 4) with prior authorization	
Nityr 10 Mg Tab	Removed from formulary (drug list)	nitisinone 2mg, 5mg, and 10mg capsules
Nityr 2 Mg Tab	Removed from formulary (drug list)	nitisinone 2mg, 5mg, and 10mg capsules
Nityr 5 Mg Tab	Removed from formulary (drug list)	nitisinone 2mg, 5mg, and 10mg capsules
Norditropin Flexpro 10 Mg/1.5MI Soln Pen	Removed from formulary (drug list)	Genotropin MiniQuick 0.2 MG PRSYR Genotropin MiniQuick 0.4 MG PRSYR Genotropin MiniQuick 0.6 MG PRSYR Genotropin MiniQuick 0.8 MG PRSYR Genotropin MiniQuick 1 MG PRSYR Genotropin MiniQuick 1.2 MG PRSYR Genotropin MiniQuick 1.4 MG PRSYR Genotropin MiniQuick 1.6 MG PRSYR Genotropin MiniQuick 1.8 MG PRSYR Genotropin MiniQuick 2 MG PRSYR Genotropin 12 MG CARTRIDGE Genotropin 5 MG CARTRIDGE

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Norditropin Flexpro 15 Mg/1.5MI Soln Pen	Removed from formulary (drug list)	Genotropin MiniQuick 0.2 MG PRSYR Genotropin MiniQuick 0.4 MG PRSYR Genotropin MiniQuick 0.6 MG PRSYR Genotropin MiniQuick 0.8 MG PRSYR Genotropin MiniQuick 1 MG PRSYR Genotropin MiniQuick 1.2 MG PRSYR Genotropin MiniQuick 1.4 MG PRSYR Genotropin MiniQuick 1.6 MG PRSYR Genotropin MiniQuick 1.8 MG PRSYR Genotropin MiniQuick 2 MG PRSYR Genotropin 12 MG CARTRIDGE Genotropin 5 MG CARTRIDGE
Norditropin Flexpro 30 Mg/3MI Soln Pen	Removed from formulary (drug list)	Genotropin MiniQuick 0.2 MG PRSYR Genotropin MiniQuick 0.4 MG PRSYR Genotropin MiniQuick 0.6 MG PRSYR Genotropin MiniQuick 0.8 MG PRSYR Genotropin MiniQuick 1 MG PRSYR Genotropin MiniQuick 1.2 MG PRSYR Genotropin MiniQuick 1.4 MG PRSYR Genotropin MiniQuick 1.6 MG PRSYR Genotropin MiniQuick 1.8 MG PRSYR Genotropin MiniQuick 2 MG PRSYR Genotropin 12 MG CARTRIDGE Genotropin 5 MG CARTRIDGE



Drug Name	Description of Change	Alternative
Norditropin Flexpro 5 Mg/1.5MI Soln Pen	Removed from formulary (drug list)	Genotropin MiniQuick 0.2 MG PRSYR Genotropin MiniQuick 0.4 MG PRSYR Genotropin MiniQuick 0.6 MG PRSYR Genotropin MiniQuick 0.8 MG PRSYR Genotropin MiniQuick 1 MG PRSYR Genotropin MiniQuick 1.2 MG PRSYR Genotropin MiniQuick 1.4 MG PRSYR Genotropin MiniQuick 1.6 MG PRSYR Genotropin MiniQuick 1.8 MG PRSYR Genotropin MiniQuick 2 MG PRSYR Genotropin 12 MG CARTRIDGE Genotropin 5 MG CARTRIDGE
Nurtec 75 Mg Tab Disp	Added to spec (Tier 5) with prior authorization	
Octreotide Acetate 1000 Mcg/MI Solution	Moved to lower tier - inj (Tier 4)	
Octreotide Acetate 500 Mcg/MI Solution	Moved to lower tier - inj (Tier 4)	
Orbactiv 400 Mg Recon Soln	Removed from formulary (drug list)	
Orphenadrine Citrate Er 100 Mg Tab Er 12H	Removed from formulary (drug list)	
Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/1.5MI Soln Pen	Added prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/3MI Soln Pen	Added prior authorization	
Ozempic (1 Mg/Dose) 2 Mg/1.5MI Soln Pen	Added prior authorization	
Ozempic (1 Mg/Dose) 4 Mg/3MI Soln Pen	Added prior authorization	
Ozempic (2 Mg/Dose) 8 Mg/3MI Soln Pen	Added prior authorization	
Prednicarbate 0.1 % Cream	Removed from formulary (drug list)	Triamcinolone Mometasone
Prednicarbate 0.1 % Ointment	Removed from formulary (drug list)	Triamcinolone Mometasone
Procysbi 300 Mg Packet	Removed from formulary (drug list)	Cystagon 50mg or 150mg Capsule
Procysbi 75 Mg Packet	Removed from formulary (drug list)	Cystagon 50mg or 150mg Capsule
Promethazine Hcl 25 Mg/MI Solution	Removed from formulary (drug list)	Promethazine 25mg Tablet
Promethazine Hcl 50 Mg/MI Solution	Removed from formulary (drug list)	Promethazine 25mg Tablet
Promethegan 50 Mg Suppos	Removed from formulary (drug list)	Promethazine 25mg Tablet
Propantheline Bromide 15 Mg Tab	Removed from formulary (drug list)	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Ravicti 1.1 Gm/MI Liquid	Removed from formulary (drug list)	sodium phenylbutyrate 500mg tablet
Rinvoq 45 Mg Tab Er 24H	Updated quantity limit	
Risperdal Consta 12.5 Mg Srer	Added BvD prior authorization	
Risperdal Consta 25 Mg Srer	Added BvD prior authorization	
Risperdal Consta 37.5 Mg Srer	Added BvD prior authorization	
Risperdal Consta 50 Mg Srer	Added BvD prior authorization	
Ruconest 2100 Unit Recon Soln	Removed from formulary (drug list)	Haegarda 2000unit or 3000unit, Icatibant 30mg/3ml
Ruzurgi 10 Mg Tab	Removed from formulary (drug list)	
Rybelsus 14 Mg Tab	Added prior authorization	
Rybelsus 3 Mg Tab	Added prior authorization	
Rybelsus 7 Mg Tab	Added prior authorization	
Scopolamine 1 Mg/3Days Patch 72Hr	Removed prior authorization	
Sirturo 100 Mg Tab	Removed quantity limit	
Sirturo 20 Mg Tab	Removed quantity limit	
Skyrizi (150 Mg Dose) 75 Mg/0.83MI Pref Sy Kt	Added quantity limit	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Skyrizi 150 Mg/MI Soln Prsy	Added quantity limit	
Skyrizi 180 Mg/1.2MI Soln Cart	Added quantity limit	
Skyrizi 360 Mg/2.4MI Soln Cart	Added quantity limit	
Skyrizi 600 Mg/10MI Solution	Added quantity limit	
Skyrizi Pen 150 Mg/MI Soln A-Inj	Added quantity limit	
Stelara 130 Mg/26MI Solution	Added quantity limit	
Stelara 45 Mg/0.5MI Soln Prsy	Added quantity limit	
Stelara 45 Mg/0.5MI Solution	Added quantity limit	
Stelara 90 Mg/MI Soln Prsy	Added quantity limit	
Symbicort 160-4.5 Mcg/Act Aerosol	Removed from formulary (drug list)	BUDESONIDE-FORMOTEROL FUMARATE 80-4.5 MCG/ACT AEROSOL BUDESONIDE-FORMOTEROL FUMARATE 160-4.5 MCG/ACT AEROSOL
Symbicort 160-4.5 Mcg/Act Aerosol	Removed from formulary (drug list)	BUDESONIDE-FORMOTEROL FUMARATE 80-4.5 MCG/ACT AEROSOL BUDESONIDE-FORMOTEROL FUMARATE 160-4.5 MCG/ACT AEROSOL

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Symbicort 80-4.5 Mcg/Act Aerosol	Removed from formulary (drug list)	BUDESONIDE-FORMOTEROL FUMARATE 80-4.5 MCG/ACT AEROSOL BUDESONIDE-FORMOTEROL FUMARATE 160-4.5 MCG/ACT AEROSOL
Symbicort 80-4.5 Mcg/Act Aerosol	Removed from formulary (drug list)	BUDESONIDE-FORMOTEROL FUMARATE 80-4.5 MCG/ACT AEROSOL BUDESONIDE-FORMOTEROL FUMARATE 160-4.5 MCG/ACT AEROSOL
Tavalisse 100 Mg Tab	Removed from formulary (drug list)	
Tavalisse 150 Mg Tab	Removed from formulary (drug list)	
Tencon 50-325 Mg Tab	Added to gen (Tier 1) with prior authorization	
Teriparatide (Recombinant) 620 Mcg/2.48ML Soln Pen	Added to spec (Tier 5) with prior authorization	
Trelstar Mixject 11.25 Mg Recon Susp	Moved to lower tier - inj (Tier 4)	
Trelstar Mixject 22.5 Mg Recon Susp	Moved to lower tier - inj (Tier 4)	
Trelstar Mixject 3.75 Mg Recon Susp	Moved to lower tier - inj (Tier 4)	
Trulicity 0.75 Mg/0.5ML Soln Pen	Added prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Trulicity 1.5 Mg/0.5MI Soln Pen	Added prior authorization	
Trulicity 3 Mg/0.5MI Soln Pen	Added prior authorization	
Trulicity 4.5 Mg/0.5MI Soln Pen	Added prior authorization	
Truseltiq (100Mg Daily Dose) 100 Mg Cap Thpk	Removed from formulary (drug list)	
Truseltiq (125Mg Daily Dose) 100 & 25 Mg Cap Thpk	Removed from formulary (drug list)	
Truseltiq (50Mg Daily Dose) 25 Mg Cap Thpk	Removed from formulary (drug list)	
Truseltiq (75Mg Daily Dose) 25 Mg Cap Thpk	Removed from formulary (drug list)	
Varizig 125 Unit/1.2MI Solution	Removed from formulary (drug list)	
Verquvo 10 Mg Tab	Added to npd (Tier 3) with prior authorization	
Verquvo 2.5 Mg Tab	Added to npd (Tier 3) with prior authorization	
Verquvo 5 Mg Tab	Added to npd (Tier 3) with prior authorization	
Victoza 18 Mg/3MI Soln Pen	Added prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Voriconazole 200 Mg Recon Soln	Moved to lower tier - inj (Tier 4)	
Xolair 150 Mg Recon Soln	Added quantity limit	
Xolair 150 Mg/MI Soln Prsyr	Added quantity limit	
Xolair 75 Mg/0.5MI Soln Prsyr	Added quantity limit	

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