



BlueShield Enhanced (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	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.
INS	Covered Insulin	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Drug Tier Key

Tier 1: Preferred Generic Drugs

Tier 2: Generic Drugs

Tier 3: Preferred Brand Drugs

Tier 3: Covered Insulins

Tier 4: Non-Preferred Drugs

Tier 3: Covered Insulins

Tier 5: Specialty Tier Drugs

Drug Name	Description of Change	Alternative
Adefovir Dipivoxil 10 Mg Tab	Moved to lower tier - Tier 4	
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 Aer	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 - Tier 4	
Alora 0.025 Mg/24Hr Patch Tw	Removed from formulary (drug list)	estradiol 0.025 mg/24hr patch tw estradiol 0.0375 mg/24hr patch tw estradiol 0.05 mg/24hr patch tw estradiol 0.075 mg/24hr patch tw estradiol 0.1 mg/24hr patch tw
Alora 0.05 Mg/24Hr Patch Tw	Removed from formulary (drug list)	estradiol 0.025 mg/24hr patch tw estradiol 0.0375 mg/24hr patch tw estradiol 0.05 mg/24hr patch tw estradiol 0.075 mg/24hr patch tw estradiol 0.1 mg/24hr patch tw

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Alora 0.075 Mg/24Hr Patch Tw	Removed from formulary (drug list)	estradiol 0.025 mg/24hr patch tw estradiol 0.0375 mg/24hr patch tw estradiol 0.05 mg/24hr patch tw estradiol 0.075 mg/24hr patch tw estradiol 0.1 mg/24hr patch tw
Alora 0.1 Mg/24Hr Patch Tw	Removed from formulary (drug list)	estradiol 0.025 mg/24hr patch tw estradiol 0.0375 mg/24hr patch tw estradiol 0.05 mg/24hr patch tw estradiol 0.075 mg/24hr patch tw estradiol 0.1 mg/24hr patch tw
Alosetron Hcl 0.5 Mg Tab	Moved to lower tier - Tier 4	
Alosetron Hcl 1 Mg Tab	Moved to lower tier - Tier 4	
Androderm 2 Mg/24Hr Patch 24Hr	Removed from formulary (drug list)	testosterone 12.5 mg/act (1%) gel testosterone 25 mg/2.5gm (1%) gel testosterone 50 mg/5gm (1%) gel
Androderm 4 Mg/24Hr Patch 24Hr	Removed from formulary (drug list)	testosterone 12.5 mg/act (1%) gel testosterone 25 mg/2.5gm (1%) gel testosterone 50 mg/5gm (1%) gel

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Aranesp (Albumin Free) 60 Mcg/0.3MI Soln Prsyr	Moved to higher tier - Tier 5	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aranesp (Albumin Free) 60 Mcg/MI Solution	Moved to higher tier - Tier 5	retacrit 10000 unit/ml solution retacrit 2000 unit/ml solution retacrit 20000 unit/ml solution retacrit 3000 unit/ml solution retacrit 4000 unit/ml solution retacrit 40000 unit/ml solution
Aripiprazole 10 Mg Tab Disp	Moved to lower tier - Tier 4	
Aripiprazole 15 Mg Tab Disp	Moved to lower tier - Tier 4	
Atovaquone 750 Mg/5MI Suspension	Moved to lower tier - Tier 4	
Budesonide-Formoterol Fumarate 160-4.5 Mcg/Act Aerosol	Added to Tier 3	
Budesonide-Formoterol Fumarate 80-4.5 Mcg/Act Aerosol	Added to Tier 3	
Buprenorphine Hcl 2 Mg SI Tab	Updated quantity limit	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Buprenorphine Hcl 8 Mg Sl Tab	Updated quantity limit	
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	
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)	
Clobetasol Propionate 0.05 % Cream	Moved to higher tier - Tier 3	fluocinonide 0.05% cream, halobetasol 0.05% cream,
Clobetasol Propionate 0.05 % Solution	Moved to higher tier - Tier 3	fluocinonide 0.05% cream, halobetasol 0.05% cream,
Clobetasol Propionate E 0.05 % Cream	Moved to higher tier - Tier 3	fluocinonide 0.05% solution
Clozapine 200 Mg Tab Disp	Moved to higher tier - Tier 5	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Dalvance 500 Mg Recon Soln	Removed from formulary (drug list)	
Depo-Subq Provera 104 104 Mg/0.65MI Susp Prsyr	Added to Tier 4	
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
Diazoxide 50 Mg/MI Suspension	Moved to higher tier - Tier 5	
Digoxin 0.05 Mg/MI Solution	Removed from formulary (drug list)	digoxin 125mcg and 250mcg tablet
Dupixent 100 Mg/0.67MI Soln Prsyr	Added to Tier 5 with prior authorization	
Dupixent 200 Mg/1.14MI Soln Pen	Added to Tier 5 with prior authorization	
Dupixent 200 Mg/1.14MI Soln Prsyr	Added to Tier 5 with prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Dupixent 300 Mg/2MI Soln Pen	Added to Tier 5 with prior authorization	
Dupixent 300 Mg/2MI Soln Prsyr	Added to Tier 5 with prior authorization	
Emtricitabine-Tenofovir Df 200-300 Mg Tab	Moved to lower tier - Tier 4	
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 Tier 5 with prior authorization	
Etravirine 100 Mg Tab	Moved to higher tier - Tier 5	
Etravirine 200 Mg Tab	Moved to higher tier - Tier 5	
Fentanyl Citrate 100 Mcg Tab	Removed from formulary (drug list)	
Fentanyl Citrate 200 Mcg Tab	Removed from formulary (drug list)	
Fentanyl Citrate 400 Mcg Tab	Removed from formulary (drug list)	
Fentanyl Citrate 600 Mcg Tab	Removed from formulary (drug list)	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Fentanyl Citrate 800 Mcg Tab	Removed from formulary (drug list)	
Firdapse 10 Mg Tab	Removed from formulary (drug list)	
Flovent Diskus 100 Mcg/Act Aer Pow Ba	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 Aer Pow Ba	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 Aer Pow Ba	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

Drug Name	Description of Change	Alternative
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
Fosamprenavir Calcium 700 Mg Tab	Moved to lower tier - Tier 4	
Fosfomycin Tromethamine 3 Gm Packet	Removed from formulary (drug list)	
Fragmin 10000 Unit/MI Soln Prsyr	Removed from formulary (drug list)	enoxaparin sodium 100 mg/ml soln prsyr enoxaparin sodium 120 mg/0.8ml soln prsyr enoxaparin sodium 150 mg/ml soln prsyr enoxaparin sodium 30 mg/0.3ml soln prsyr enoxaparin sodium 40 mg/0.4ml soln prsyr enoxaparin sodium 60 mg/0.6ml soln prsyr enoxaparin sodium 80 mg/0.8ml soln prsyr
Fragmin 12500 Unit/0.5MI Soln Prsyr	Removed from formulary (drug list)	enoxaparin sodium 100 mg/ml soln prsyr enoxaparin sodium 120 mg/0.8ml soln prsyr enoxaparin sodium 150 mg/ml soln prsyr enoxaparin sodium 30 mg/0.3ml soln prsyr enoxaparin sodium 40 mg/0.4ml soln prsyr enoxaparin sodium 60 mg/0.6ml soln prsyr enoxaparin sodium 80 mg/0.8ml soln prsyr

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Fragmin 15000 Unit/0.6MI Soln Prsyr	Removed from formulary (drug list)	enoxaparin sodium 100 mg/ml soln prsyr enoxaparin sodium 120 mg/0.8ml soln prsyr enoxaparin sodium 150 mg/ml soln prsyr enoxaparin sodium 30 mg/0.3ml soln prsyr enoxaparin sodium 40 mg/0.4ml soln prsyr enoxaparin sodium 60 mg/0.6ml soln prsyr enoxaparin sodium 80 mg/0.8ml soln prsyr
Fragmin 18000 Unt/0.72MI Soln Prsyr	Removed from formulary (drug list)	enoxaparin sodium 100 mg/ml soln prsyr enoxaparin sodium 120 mg/0.8ml soln prsyr enoxaparin sodium 150 mg/ml soln prsyr enoxaparin sodium 30 mg/0.3ml soln prsyr enoxaparin sodium 40 mg/0.4ml soln prsyr enoxaparin sodium 60 mg/0.6ml soln prsyr enoxaparin sodium 80 mg/0.8ml soln prsyr
Fragmin 2500 Unit/0.2MI Soln Prsyr	Removed from formulary (drug list)	enoxaparin sodium 100 mg/ml soln prsyr enoxaparin sodium 120 mg/0.8ml soln prsyr enoxaparin sodium 150 mg/ml soln prsyr enoxaparin sodium 30 mg/0.3ml soln prsyr enoxaparin sodium 40 mg/0.4ml soln prsyr enoxaparin sodium 60 mg/0.6ml soln prsyr enoxaparin sodium 80 mg/0.8ml soln prsyr

Drug Name	Description of Change	Alternative
Fragmin 5000 Unit/0.2MI Soln Prsyr	Removed from formulary (drug list)	enoxaparin sodium 100 mg/ml soln prsyr enoxaparin sodium 120 mg/0.8ml soln prsyr enoxaparin sodium 150 mg/ml soln prsyr enoxaparin sodium 30 mg/0.3ml soln prsyr enoxaparin sodium 40 mg/0.4ml soln prsyr enoxaparin sodium 60 mg/0.6ml soln prsyr enoxaparin sodium 80 mg/0.8ml soln prsyr
Fragmin 7500 Unit/0.3MI Soln Prsyr	Removed from formulary (drug list)	enoxaparin sodium 100 mg/ml soln prsyr enoxaparin sodium 120 mg/0.8ml soln prsyr enoxaparin sodium 150 mg/ml soln prsyr enoxaparin sodium 30 mg/0.3ml soln prsyr enoxaparin sodium 40 mg/0.4ml soln prsyr enoxaparin sodium 60 mg/0.6ml soln prsyr enoxaparin sodium 80 mg/0.8ml soln prsyr
Fragmin 95000 Unit/3.8MI Solution	Removed from formulary (drug list)	enoxaparin sodium 100 mg/ml soln prsyr enoxaparin sodium 120 mg/0.8ml soln prsyr enoxaparin sodium 150 mg/ml soln prsyr enoxaparin sodium 30 mg/0.3ml soln prsyr enoxaparin sodium 40 mg/0.4ml soln prsyr enoxaparin sodium 60 mg/0.6ml soln prsyr enoxaparin sodium 80 mg/0.8ml soln prsyr
Genotropin 12 Mg Cartridge	Added to Tier 5 with prior authorization	
Genotropin 5 Mg Cartridge	Added to Tier 5 with prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Genotropin Miniquick 0.2 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 0.4 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 0.6 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 0.8 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1.2 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1.4 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1.6 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 1.8 Mg Prsy	Added to Tier 5 with prior authorization	
Genotropin Miniquick 2 Mg Prsy	Added to 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	
Humira 10 Mg/0.2MI Pref Sy Kt	Added quantity limit	
Humira 20 Mg/0.2MI Pref Sy Kt	Added quantity limit	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Humira 20 Mg/0.4MI Pref Sy Kt	Added quantity limit	
Humira 40 Mg/0.4MI Pref Sy Kt	Added quantity limit	
Humira 40 Mg/0.8MI 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 40 Mg/0.8MI Pen Kit	Added quantity limit	
Humira Pen 80 Mg/0.8MI Pen Kit	Added quantity limit	
Humira Pen-Cd/Uc/Hs Starter 40 Mg/0.8MI Pen Kit	Added quantity limit	
Humira Pen-Cd/Uc/Hs Starter 80 Mg/0.8MI 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	

Effective 1/1/2024

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 Aer Pow Ba	Removed from formulary (drug list)	spirivia handihaler
Itraconazole 100 Mg Cap	Removed prior authorization	
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
Lamictal Odt 21 X 25 Mg & 7 X 50 Mg Kit	Removed quantity limit	
Lamictal Odt 25 & 50 & 100 Mg Kit	Removed quantity limit	
Lamictal Odt 42 X 50 Mg & 14X100 Mg Kit	Removed quantity limit	
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

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 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
Methylphenidate Hcl Er 72 Mg Tab Er	Removed from formulary (drug list)	methylphenidate hcl er 36mg tablet
Miconazole 3 200 Mg Suppos	Moved to lower tier - Tier 3	
Moxifloxacin Hcl 400 Mg/250MI Solution	Added to Tier 4 with prior authorization	
Moxifloxacin Hcl In Nacl 400 Mg/250MI Solution	Added to Tier 4 with prior authorization	

Drug Name	Description of Change	Alternative
Norditropin Flexpro 10 Mg/1.5MI Soln Pen	Removed from formulary (drug list)	genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge
Norditropin Flexpro 15 Mg/1.5MI Soln Pen	Removed from formulary (drug list)	genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge

Drug Name	Description of Change	Alternative
Norditropin Flexpro 30 Mg/3MI Soln Pen	Removed from formulary (drug list)	genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge
Norditropin Flexpro 5 Mg/1.5MI Soln Pen	Removed from formulary (drug list)	genotropin miniquick 0.2 mg prsy genotropin miniquick 0.4 mg prsy genotropin miniquick 0.6 mg prsy genotropin miniquick 0.8 mg prsy genotropin miniquick 1 mg prsy genotropin miniquick 1.2 mg prsy genotropin miniquick 1.4 mg prsy genotropin miniquick 1.6 mg prsy genotropin miniquick 1.8 mg prsy genotropin miniquick 2 mg prsy genotropin 12 mg cartridge genotropin 5 mg cartridge
Nurtec 75 Mg Tab Disp	Added to Tier 5 with prior authorization	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Octreotide Acetate 1000 Mcg/MI Solution	Moved to lower tier - Tier 4	
Octreotide Acetate 500 Mcg/MI Solution	Moved to lower tier - Tier 4	
Olanzapine-Fluoxetine Hcl 12-25 Mg Cap	Removed from formulary (drug list)	
Olanzapine-Fluoxetine Hcl 12-50 Mg Cap	Removed from formulary (drug list)	
Olanzapine-Fluoxetine Hcl 6-25 Mg Cap	Removed from formulary (drug list)	
Olanzapine-Fluoxetine Hcl 6-50 Mg Cap	Removed from formulary (drug list)	
Orbactiv 400 Mg Recon Soln	Removed from formulary (drug list)	
Oxybutynin Chloride 5 Mg/5MI Solution	Removed from formulary (drug list)	oxybutynin tablets
Oxybutynin Chloride 5 Mg/5MI Syrup	Removed from formulary (drug list)	oxybutynin tablets
Ozempic (0.25 Or 0.5 Mg/Dose) 2 Mg/1.5MI Soln Pen	Added prior authorization	
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	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
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
Premphase 0.625-5 Mg Tab	Moved to lower tier - Tier 3	
Prempro 0.3-1.5 Mg Tab	Moved to lower tier - Tier 3	
Prempro 0.45-1.5 Mg Tab	Moved to lower tier - Tier 3	
Prempro 0.625-2.5 Mg Tab	Moved to lower tier - Tier 3	
Prempro 0.625-5 Mg Tab	Moved to lower tier - Tier 3	
Priftin 150 Mg Tab	Moved to higher tier - Tier 4	
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

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Promethazine Hcl 50 Mg Suppos	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)	
Retacrit 40000 Unit/MI Solution	Moved to lower tier - Tier 4	
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	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Scopolamine 1 Mg/3Days Patch 72Hr	Removed prior authorization	
Sirolimus 2 Mg Tab	Moved to lower tier - Tier 4	
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	
Skyrizi 150 Mg/MI Soln Prsyr	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 Prsyr	Added quantity limit	
Stelara 45 Mg/0.5MI Solution	Added quantity limit	
Stelara 90 Mg/MI Soln Prsyr	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 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

Effective 1/1/2024

Drug Name	Description of Change	Alternative
Tavalisse 100 Mg Tab	Removed from formulary (drug list)	
Tavalisse 150 Mg Tab	Removed from formulary (drug list)	
Teriparatide (Recombinant) 620 Mcg/2.48MI Soln Pen	Added to Tier 5 with prior authorization	
Theophylline 80 Mg/15MI Elixir	Removed from formulary (drug list)	theophylline 100mg and 200mg tablets
Theophylline 80 Mg/15MI Solution	Removed from formulary (drug list)	theophylline 100mg and 200mg tablets
Trelstar Mixject 11.25 Mg Recon Susp	Moved to lower tier - Tier 4	
Trelstar Mixject 22.5 Mg Recon Susp	Moved to lower tier - Tier 4	
Trelstar Mixject 3.75 Mg Recon Susp	Moved to lower tier - Tier 4	
Trulicity 0.75 Mg/0.5MI Soln Pen	Added prior authorization	
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)	

Effective 1/1/2024

Drug Name	Description of Change	Alternative
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 Tier 4 with prior authorization	
Verquvo 2.5 Mg Tab	Added to Tier 4 with prior authorization	
Verquvo 5 Mg Tab	Added to Tier 4 with prior authorization	
Victoza 18 Mg/3MI Soln Pen	Added prior authorization	
Voriconazole 200 Mg Recon Soln	Moved to lower tier - Tier 4	
Voriconazole 40 Mg/MI Recon Susp	Moved to lower tier - Tier 4	
Xifaxan 200 Mg Tab	Moved to lower tier - 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	

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。