Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DIFLUPREDNAT EMU		Formulary		02/02/2022		
0.05%	2	Addition		02/02/2022		
		Formulary		02/02/2022		
E.E.S. 400 TAB 400MG	2	Addition		02/02/2022		
		Formulary	Drier Authorization Deguired	02/02/2022		
EPCLUSA PAK 150-37.5	5	Addition	Prior Authorization Required	02/02/2022		
EPCLUSA PAK 200-		Formulary	Prior Authorization Required	02/02/2022		
50MG	5	Addition	Prior Authorization Required	02/02/2022		
EPRONTIA SOL		Formulary		02/02/2022		
25MG/ML	4	Addition		02/02/2022		
		Formulary	Prior Authorization			
EVEROLIMUS TAB		Addition	Required, Quantity Limit (30	02/02/2022		
10MG	5		tablets every 30 days)			
		Formulary	Prior Authorization Required	02/02/2022		
EVEROLIMUS TAB 1MG	5	Addition	Prior Authorization Required	02/02/2022		
		Formulary	Prior Authorization			
		Addition	Required, Quantity Limit	02/02/2022		
EVEROLIMUS TAB 2MG	5		(150 tablets every 30 days)			
		Formulary	Prior Authorization			
		Addition	Required, Quantity Limit (90	02/02/2022		
EVEROLIMUS TAB 3MG	5		tablets every 30 days)			
		Formulary	Prior Authorization			
		Addition	Required, Quantity Limit (60	02/02/2022		
EVEROLIMUS TAB 5MG	5		tablets every 30 days)			
		Formulary	Prior Authorization Required	02/02/2022		
EXKIVITY CAP 40MG	5	Addition	Thor Addition Zacion Required	02/02/2022		
		Formulary	Prior Authorization Required	02/02/2022		
INFLIXIMAB INJ 100MG	5	Addition	1 Hot Authorization Required	02/02/2022		
MAVYRET PAK 50-		Formulary	Prior Authorization Required	02/02/2022		
20MG	5	Addition	The Authorization Required	02,02,2022		

MYRBETRIQ SUS 8MG/ML 4 Addition 28 days) Pormulary Addition 28 days) Quantity Limit (300mL every 28 days) Quantity Limit (30 tablets every 30 days) Pormulary Addition Quantity Limit (30 tablets every 30 days) Pormulary Addition Quantity Limit (30 tablets every 30 days) Pormulary Addition Quantity Limit (30 tablets every 30 days) Pormulary Addition Quantity Limit (60 tablets every 30 days) Pormulary Addition Quantity Limit (60 tablets every 30 days)
NEBIVOLOL TAB 2.5MG 2 Addition 28 days) NEBIVOLOL TAB 2.5MG 2 Addition 28 days) Pormulary Quantity Limit (30 tablets every 30 days) Quantity Limit (30 tablets every 30 days) Pormulary Quantity Limit (30 tablets every 30 days) Formulary Quantity Limit (60 tablets 02/02/2022
NEBIVOLOL TAB 10MG 2 Addition every 30 days) NEBIVOLOL TAB 2.5MG 2 Formulary Addition Quantity Limit (30 tablets every 30 days) 02/02/2022 Formulary Quantity Limit (60 tablets 02/02/2022
NEBIVOLOL TAB 10MG 2 Addition every 30 days) Formulary Quantity Limit (30 tablets every 30 days) NEBIVOLOL TAB 2.5MG 2 Addition every 30 days) Formulary Quantity Limit (60 tablets 02/02/2022
NEBIVOLOL TAB 2.5MG 2 Addition every 30 days) Formulary Quantity Limit (60 tablets 02/02/2022
NEBIVOLOL TAB 2.5MG 2 Addition every 30 days) Formulary Quantity Limit (60 tablets 02/02/2022
NERIVOLOL TAR 20MG 2 Addition every 20 days)
INLUIT OLOL TAB ZUIVIO Z AUUILIUTI EVELY 30 UAYS)
Formulary Quantity Limit (30 tablets 02/02/2022
NEBIVOLOL TAB 5MG 2 Addition every 30 days) 02/02/2022
OCTREOTIDE INJ Formulary Prince Province Provinc
100MCG 2 Addition Prior Authorization Required 02/02/2022
OCTREOTIDE INJ Formulary S. A. H. J. J. B. J. J. GO (50 (500)
500MCG 5 Addition Prior Authorization Required 02/02/2022
OCTREOTIDE INJ Formulary S. A. H. J. J. B. J. J. GO (50.7000)
50MCG/ML 2 Addition Prior Authorization Required 02/02/2022
Formulary Prior Authorization
PAROXETINE SUS Addition Required, Quantity Limit 02/02/2022
10MG/5ML 4 (900mL every 30 days)
PROCTOSOL HC CRE Formulary
2.5% 2 Addition 02/02/2022
Formulary 00 /00 /000
STAVUDINE CAP 15MG 2 Addition 02/02/2022
Formulary co./co./coco
STAVUDINE CAP 20MG 2 Addition 02/02/2022
Formulary
STAVUDINE CAP 30MG 2 Addition 02/02/2022
Formulary
STAVUDINE CAP 40MG 2 Addition 02/02/2022
VARENICLINE TAB Formulary Quantity Limit (56 tablets 02/02/2022
0.5MG 2 Addition every 28 days) 02/02/2022

		Formulary	Quantity Limit (56 tablets	02/02/2022		
VARENICLINE TAB 1MG	2	Addition	every 28 days)	02/02/2022		
		Formulary	Prior Authorization Required	02/02/2022		
WELIREG TAB 40MG	5	Addition	'			
BEKYREE TAB		Formulary		02/02/2022	KARIVA TAB 28 DAY	Tier 2
	2	Deletion				
		Formulary		02/02/2022	NORTREL TAB 1/35	Tier 2
CYCLAFEM TAB 1/35	2	Deletion		02,02,2022		
		Formulary		02/02/2022	NORTREL TAB 7/7/7	Tier 2
CYCLAFEM TAB 7/7/7	2	Deletion		, ,		
FREAMINE HBC INJ		Formulary	Prior Authorization Required	02/02/2022	FREAMINE III INJ 10%	Tier 4
6.9%	4	Deletion				
MINITRAN DIS		Formulary		02/02/2022	NITROGLYCERIN TD PATCH	Tier 2
0.1MG/HR	2	Deletion				
MINITRAN DIS		Formulary		02/02/2022	NITROGLYCERIN TD PATCH	Tier 2
0.2MG/HR	2	Deletion				
MINITRAN DIS		Formulary		02/02/2022	NITROGLYCERIN TD PATCH	Tier 2
0.4MG/HR	2	Deletion				
MINITRAN DIS		Formulary		02/02/2022	NITROGLYCERIN TD PATCH	Tier 2
0.6MG/HR	2	Deletion		02/02/2022		
MONDOXYNE NL CAP		Formulary		02/02/2022	DOXYCYCLINE MONOHYDRATE	Tier 2
100MG	2	Deletion		02/02/2022	CAP 100 MG	
		Quantity Limit		02/02/2022		
OMNIPOD MIS 5 PACK	4	Change		02/02/2022		
		Quantity Limit		02/02/2022		
OMNIPOD MIS 5 PACK	4	Change		02/02/2022		
		Prior				
PREGABALIN CAP		Authorization		02/02/2022		
100MG	2	Removed				
		Prior				
PREGABALIN CAP		Authorization		02/02/2022		
150MG	2	Removed				

		Duitan		
DDECARALINI CAR		Prior	02/02/2022	
PREGABALIN CAP		Authorization	02/02/2022	
200MG	2	Removed		
		Prior		
PREGABALIN CAP		Authorization	02/02/2022	
225MG	2	Removed		
		Prior		
		Authorization	02/02/2022	
PREGABALIN CAP 25MG	2	Removed		
		Prior		
PREGABALIN CAP		Authorization	02/02/2022	
300MG	2	Removed		
		Prior		
		Authorization	02/02/2022	
PREGABALIN CAP 50MG	2	Removed		
		Prior		
		Authorization	02/02/2022	
PREGABALIN CAP 75MG	2	Removed		
		Prior		
PREGABALIN SOL		Authorization	02/02/2022	
20MG/ML	2	Removed	3-, 3-, -3	
	_	Prior		
		Authorization	02/02/2022	
VRAYLAR CAP 1.5-3MG	4	Removed	32, 32, 2322	
1111121112111		Prior		
		Authorization	02/02/2022	
VRAYLAR CAP 1.5MG	5	Removed	32,32,2322	
7.0.112/11/0/11 1.5/1/0		Prior		
		Authorization	02/02/2022	
VRAYLAR CAP 3MG	5	Removed	02/02/2022	
VNATLAR CAP SIVIG	5	Removed		

		Prior			
		Authorization		02/02/2022	
VRAYLAR CAP 4.5MG	5	Removed			
		Prior			
		Authorization		02/02/2022	
VRAYLAR CAP 6MG	5	Removed			
ATROPINE SUL SOL 1%	2	Formulary		03/01/2022	
OP		Addition		03/01/2022	
BESREMI SOL 500MCG	5	Formulary	Prior Authorization Required	03/01/2022	
		Addition			
BIKTARVY TAB	5	Formulary		03/01/2022	
		Addition			
CARGLUMIC TAB	5	Formulary	Prior Authorization Required	03/01/2022	
200MG		Addition	·		
CYCLOPHOSPHA INJ	5	Formulary	Prior Authorization Required	03/01/2022	
2GM/10ML		Addition	·		
GVOKE KIT INJ 1MG/0.2	3	Formulary		03/01/2022	
		Addition			
NALOXONE SPR	2	Formulary		03/01/2022	
		Addition			
NYLIA TAB 1/35	2	Formulary		03/01/2022	
		Addition			
SCEMBLIX TAB 20MG	5	Formulary	Prior Authorization	03/01/2022	
		Addition	Required, Quantity Limit (60		
			tablets every 30 days)		
SCEMBLIX TAB 40MG	5	Formulary	Prior Authorization	03/01/2022	
		Addition	Required, Quantity Limit		
			(300 tablets every 30 days)		
TICOVAC INJ	3	Formulary		03/01/2022	
		Addition			
XARELTO SUS 1MG/ML	3	Formulary	Quantity Limit (620mL every	03/01/2022	
		Addition	30 days)		

ZARAH TAB 3-0.03MG	2	Formulary Deletion		03/01/2022	SYEDA TAB 3-0.03MG	Tier 2
IVERMECTIN TAB 3MG	2	Prior Authorization Added		03/01/2022		
ACCUTANE CAP 10MG	2	Formulary Addition	Prior Authorization Required	04/01/2022		
DENGVAXIA SUS	3	Formulary Addition		04/01/2022		
MARAVIROC TAB 150MG	5	Formulary Addition		04/01/2022		
MARAVIROC TAB 300MG	5	Formulary Addition		04/01/2022		
PREHEVBRIO SUS 10MCG/ML	3	Formulary Addition	Prior Authorization Required	04/01/2022		
RINVOQ TAB 30MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	04/01/2022		
TRI-PREVIFEM TAB	2	Formulary Deletion	, , ,	04/01/2022	TRI-SPRINTEC TAB	Tier 2
AMPHOTERICIN INJ 50MG	5	Formulary Addition	Prior Authorization Required	05/01/2022		
BETAINE ANHY POW	5	Formulary Addition		05/01/2022		
DESCOVY TAB 120- 15MG	5	Formulary Addition		05/01/2022		
ERYTHROMYCIN INJ 500MG	5	Formulary Addition		05/01/2022		
KERENDIA TAB 10MG	3	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2022		
KERENDIA TAB 20MG	3	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2022		

KESIMPTA INJ 20/.4ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (16	05/01/2022	
LENALIDOMIDE CAP 10MG	5	Formulary Addition	pens every year) Prior Authorization Required, Quantity Limit (28	05/01/2022	
LENALIDOMIDE CAP 15MG	5	Formulary Addition	caps every 28 days) Prior Authorization Required, Quantity Limit (28 caps every 28 days)	05/01/2022	
LENALIDOMIDE CAP 25MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (21 caps every 28 days)	05/01/2022	
LENALIDOMIDE CAP 5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 28 days)	05/01/2022	
METRONIDAZOL INJ 5MG/ML	2	Formulary Addition		05/01/2022	
NURTEC TAB 75MG ODT	5	Formulary Addition	Prior Authorization Required, Quantity Limit (16 tabs every 30 days)	05/01/2022	
NUZYRA INJ 100MG	5	Formulary Addition	, , , ,	05/01/2022	
NUZYRA TAB 150MG	5	Formulary Addition		05/01/2022	
ONDANSETRON INJ 4MG/2ML	2	Formulary Addition		05/01/2022	
TALZENNA CAP 0.5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	05/01/2022	
TALZENNA CAP 0.75MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	05/01/2022	

VELPHORO CHW	5	Formulary	Quantity Limit (180 tablets	05/01/2022		
500MG		Addition	every 30 days)			
XIIDRA DRO 5%	3	Formulary		05/01/2022		
		Addition				
AMINOSYN-PF INJ 7%	4	Formulary	Prior Authorization Required	05/01/2022	TROPHAMINE INJ 10%	Tier 4
		Deletion				
BYSTOLIC TAB 10MG	4	Formulary	Quantity Limit (30 tabs every	05/01/2022	NEBIVOLOL TAB	Tier 2
		Deletion	30 days)			
BYSTOLIC TAB 2.5MG	4	Formulary	Quantity Limit (30 tabs every	05/01/2022	NEBIVOLOL TAB	Tier 2
		Deletion	30 days)			
BYSTOLIC TAB 20MG	4	Formulary	Quantity Limit (30 tabs every	05/01/2022	NEBIVOLOL TAB	Tier 2
		Deletion	60 days)			
BYSTOLIC TAB 5MG	4	Formulary	Quantity Limit (30 tabs every	05/01/2022	NEBIVOLOL TAB	Tier 2
		Deletion	30 days)			
CEFUROXIME INJ	2	Formulary		05/01/2022	Cefuroxime INJ	Tier 2
7.5GM		Deletion				
CHANTIX PAK 1MG	4	Formulary	Quantity Limit (56 tabs every	05/01/2022	VARENICLINE TAB	Tier 2
		Deletion	28 days)			
CHANTIX TAB 0.5MG	4	Formulary	Quantity Limit (56 tabs every	05/01/2022	VARENICLINE TAB	Tier 2
		Deletion	28 days)			
CHANTIX TAB 1MG	4	Formulary	Quantity Limit (56 tabs every	05/01/2022	VARENICLINE TAB	Tier 2
		Deletion	28 days)			
DUREZOL EMU 0.05%	3	Formulary		05/01/2022	DIFLUPREDNATE EMU 0.05%	Tier 2
		Deletion				
NARCAN SPR	3	Formulary		05/01/2022	NALOXONE HCL SPR	Tier 2
		Deletion				
CHANTIX PAK 0.5&	4	QL Removed		05/01/2022		
1MG						
VELTASSA POW 25.2GM	3	PA Removed		05/01/2022		
VELTASSA POW 16.8GM	3	PA Removed		05/01/2022		
VELTASSA POW 8.4GM	3	PA Removed		05/01/2022		

DEXLANSOPRAZ CAP	2	Formulary	Quantity Limit (30 caps	06/01/2022		
30MG DR		Addition	every 30 days)			
DEXLANSOPRAZ CAP	2	Formulary	Quantity Limit (30 caps	06/01/2022		
60MG DR		Addition	every 30 days)			
LACOSAMIDE SOL	5	Formulary		06/01/2022		
200MG/20		Addition				
LACOSAMIDE TAB	2	Formulary	Quantity Limit (60 tabs every	06/01/2022		
100MG		Addition	30 days)			
LACOSAMIDE TAB	2	Formulary	Quantity Limit (60 tabs every	06/01/2022		
150MG		Addition	30 days)			
LACOSAMIDE TAB	2	Formulary	Quantity Limit (60 tabs every	06/01/2022		
200MG		Addition	30 days)			
LACOSAMIDE TAB	2	Formulary	Quantity Limit (120 tabs	06/01/2022		
50MG		Addition	every 30 days)			
OZEMPIC INJ 8MG/3ML	3	Formulary	Quantity Limit (1 pen every	06/01/2022		
		Addition	28 days)			
PACLITAXEL INJ 100MG	5	Formulary	Prior Authorization Required	06/01/2022		
		Addition				
QUADRACEL INJ 0.5ML	3	Formulary		06/01/2022		
		Addition				
RINVOQ TAB 45MG ER	5	Formulary	Prior Authorization	06/01/2022		
		Addition	Required; Quantity Limit			
			(112 tabs every 365 days)			
TRIUMEQ PD TAB	5	Formulary		06/01/2022		
		Addition				
FARYDAK CAP 10MG	5	Formulary	Prior Authorization Required	06/01/2022	XPOVIO PAK	Tier 5
		Deletion				
FARYDAK CAP 15MG	5	Formulary	Prior Authorization Required	06/01/2022	XPOVIO PAK	Tier 5
		Deletion				
FARYDAK CAP 20MG	5	Formulary	Prior Authorization Required	06/01/2022	XPOVIO PAK	Tier 5
		Deletion				

BORTEZOMIB INJ 3.5MG	5	Formulary Addition	Prior Authorization Required	07/01/2022		
CEFEPIME HCL INJ 2GM	2	Formulary Addition		07/01/2022		
LITHIUM SOL 8MEQ/5ML	4	Formulary Addition		07/01/2022		
OTEZLA TAB 10/20/30	5	Formulary Addition	Prior Authorization Required; Quantity Limit (111 tabs every year)	07/01/2022		
OTEZLA TAB 30MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	07/01/2022		
TRIZIVIR TAB	5	Formulary Addition		07/01/2022		
VARENICLINE PAK 0.5X1MG	2	Formulary Addition		07/01/2022		
VERQUVO TAB 10MG	3	Formulary Addition		07/01/2022		
VERQUVO TAB 2.5MG	3	Formulary Addition		07/01/2022		
VERQUVO TAB 5MG	3	Formulary Addition		07/01/2022		
PREVIFEM TAB	2	Formulary Deletion		07/01/2022	SPRINTEC 28 TAB 28 DAY	Tier 2
BEXAROTENE GEL 1%	5	Formulary Addition	Prior Authorization Required; Quantity Limit (60gm every 30 days)	08/01/2022		
CEFAZOLIN INJ 2GM	2	Formulary Addition		08/01/2022		
LACOSAMIDE SOL 10MG/ML	2	Formulary Addition	Quantity Limit (1,200mL every 30 days)	08/01/2022		

ON ANUBOR E CC KIT		F I	Daniel Heranica	00/04/2022	
OMNIPOD 5 G6 KIT	4	Formulary	Prior Authorization	08/01/2022	
INTRO		Addition	Required; Quantity Limit (1		
			kit every 365 days)		
OMNIPOD 5 G6 MIS	4	Formulary	Prior Authorization	08/01/2022	
PODS		Addition	Required; Quantity Limit (15		
			pods every 30 days)		
OMNIPOD DASH KIT	4	Formulary	Prior Authorization	08/01/2022	
INTRO		Addition	Required; Quantity Limit (1		
			kit every 365 days)		
ONDANSETRON TAB	2	Formulary	Prior Authorization Required	08/01/2022	
24MG		Addition	·		
PEMETREXED INJ	5	Formulary	Prior Authorization Required	08/01/2022	
1000MG		Addition	·		
PEMETREXED INJ	5	Formulary	Prior Authorization Required	08/01/2022	
100MG		Addition	·		
PEMETREXED INJ	5	Formulary	Prior Authorization Required	08/01/2022	
500MG		Addition	·		
PEMETREXED INJ	5	Formulary	Prior Authorization Required	08/01/2022	
750MG		Addition			
PIRFENIDONE TAB	5	Formulary	Prior Authorization	08/01/2022	
267MG		Addition	Required; Quantity Limit	00,00,000	
		7 10 0 10 0	(270 tabs every 30 days)		
PIRFENIDONE TAB	5	Formulary	Prior Authorization	08/01/2022	
801MG		Addition	Required; Quantity Limit (90	- 3, - 1,	
0011110		7.001011	tabs every 30 days)		
SORAFENIB TAB 200MG	5	Formulary	Prior Authorization	08/01/2022	
331011 21010 1710 2001010		Addition	Required; Quantity Limit	00,01,2022	
		Addition	(120 tabs every 30 days)		
VONJO CAP 100MG	5	Formulary	Prior Authorization	08/01/2022	
VOINTO CAL TOURIO	,	Addition	Required; Quantity Limit	00/01/2022	
		Addition			
			(120 caps every 30 days)		

DEXILANT CAP 30MG	4	Formulary	Quantity Limit (30 caps	08/01/2022	DEXLANSOPRAZOLE CAP DR	Tier 2
DR DEXILATOR CAL SOLVIO	7	Deletion	every 30 days)	00/01/2022	DEALANSON NAZOLE CAI DIN	TICI Z
DEXILANT CAP 60MG	4	Formulary	Quantity Limit (30 caps	08/01/2022	DEXLANSOPRAZOLE CAP DR	Tier 2
DR	•	Deletion	every 30 days)	00,01,2022		1101 2
UKONIQ TAB 200MG	5	Formulary	Prior Authorization Required	08/01/2022	Consult Your Health Care	
		Deletion			Provider	
VIMPAT TAB 100MG	5	Formulary	Quantity Limit (60 tabs every	08/01/2022	LACOSAMIDE TAB	Tier 2
		Deletion	30 days)			
VIMPAT TAB 150MG	5	Formulary	Quantity Limit (60 tabs every	08/01/2022	LACOSAMIDE TAB	Tier 2
		Deletion	30 days)			
VIMPAT TAB 200MG	5	Formulary	Quantity Limit (60 tabs every	08/01/2022	LACOSAMIDE TAB	Tier 2
		Deletion	30 days)			
VIMPAT TAB 50MG	4	Formulary	Quantity Limit (120 tabs	08/01/2022	LACOSAMIDE TAB	Tier 2
		Deletion	every 30 days)			
BIVIGAM INJ 10%	5	Formulary	Prior Authorization Required	09/01/2022		
		Addition				
DABIGATRAN CAP	2	Formulary	Quantity Limit (60 caps	09/01/2022		
75MG		Addition	every 30 days)			
FESOTERODINE TAB	2	Formulary	Quantity Limit (30 tabs every	09/01/2022		
4MG ER		Addition	30 days)			
FESOTERODINE TAB	2	Formulary	Quantity Limit (30 tabs every	09/01/2022		
8MG ER		Addition	30 days)			
PACLITAXEL INJ 100MG	5	Formulary	Prior Authorization Required	09/01/2022		
		Addition				
PRIORIX INJ	3	Formulary		09/01/2022		
		Addition				
QUADRACEL INJ 0.5ML	3	Formulary		09/01/2022		
		Addition				
TICOVAC INJ	3	Formulary		09/01/2022		
		Addition				
VILAZODONE TAB	2	Formulary	Quantity Limit (30 tabs every	09/01/2022		
10MG		Addition	30 days)			

			T			
VILAZODONE TAB	2	Formulary	Quantity Limit (30 tabs every	09/01/2022		
20MG		Addition	30 days)			
VILAZODONE TAB	2	Formulary	Quantity Limit (30 tabs every	09/01/2022		
40MG		Addition	30 days)			
METHYLDOPA TAB	2	Formulary	Prior Authorization Required	09/01/2022	CLONIDINE TAB	Tier 1
250MG		Deletion				
METHYLDOPA TAB	2	Formulary	Prior Authorization Required	09/01/2022	CLONIDINE TAB	Tier 1
500MG		Deletion				
EULEXIN CAP 125MG	5	Formulary		10/01/2022		
		Addition				
BORTEZOMIB INJ 1MG	5	Formulary	Prior Authorization Required	10/01/2022		
		Addition				
BORTEZOMIB INJ	5	Formulary	Prior Authorization Required	10/01/2022		
2.5MG		Addition	·			
SKYRIZI SOL 60MG/ML	5	Formulary	Prior Authorization	10/01/2022		
		Addition	Required; Quantity Limit (6			
			vials every year)			
SKYRIZI INJ 150MG/ML	5	Formulary	Prior Authorization	10/01/2022		
		Addition	Required; Quantity Limit (7			
			cartridges every 365 days)			
SODIUM/POTAS SOL	2	Formulary		10/01/2022		
MAGNESIU		Addition				
CAPLYTA CAP 10.5MG	5	Formulary	Prior Authorization	10/01/2022		
		Addition	Required; Quantity Limit (30			
			caps every 30 days)			
CAPLYTA CAP 21MG	5	Formulary	Prior Authorization	10/01/2022		
		Addition	Required; Quantity Limit (30			
			caps every 30 days)			
CALQUENCE TAB	5	Formulary	Prior Authorization	10/01/2022		
100MG		Addition	Required; Quantity Limit (60			
			tabs every 30 days)			

CAZIANT PAK	2	Formulary Deletion		10/01/2022	VELIVET PAK	Tier 2
DIGOX TAB 0.25MG	2	Formulary Deletion	Quantity Limit (30 tabs every 30 days)	10/01/2022	DIGOXIN TAB 0.125MG	Tier 2
DIGOX TAB 0.125MG	2	Formulary Deletion	Quantity Limit (30 tabs every 30 days)	10/01/2022	DIGOXIN TAB 0.25MG	Tier 2
DABIGATRAN CAP 150MG	2	Formulary Addition	Quantity Limit (60 caps every 30 days)	11/01/2022		
ZTALMY SUS 50MG/ML	5	Formulary Addition	Prior Authorization Required; Quantity Limit (1,100 mL every 30 days)	11/01/2022		
QUETIAPINE TAB 150MG	2	Formulary Addition		11/01/2022		
PIRFENIDONE TAB 534MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (90 tabs every 30 days)	11/01/2022		
LENALIDOMIDE CAP 2.5MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (28 caps every 28 days)	11/01/2022		
LENALIDOMIDE CAP 20MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (21 caps every 28 days)	11/01/2022		
IMBRUVICA SUS 70MG/ML	5	Formulary Addition	Prior Authorization Required; Quantity Limit (216 mL every 27 days)	11/01/2022		
RECOMBIVA HB INJ 5MCG/0.5	3	Formulary Addition	Prior Authorization Required	11/01/2022		
ENGERIX-B INJ 20MCG/ML	3	Formulary Addition	Prior Authorization Required	11/01/2022		
YF-VAX INJ	3	Formulary Addition		11/01/2022		

TENIVAC INJ 5-2LF	3	Formulary Addition	Prior Authorization Required	11/01/2022	
PENTACEL INJ	3	Formulary		11/01/2022	
		Addition			
		Formulary	Prior Authorization Required	12/01/2022	
JAVYGTOR PAK 100MG	5	Addition			
		Formulary	Prior Authorization Required	12/01/2022	
JAVYGTOR TAB 100MG	5	Addition			
		Formulary	Prior Authorization	12/01/2022	
ZONISADE SUS		Addition	Required; Quantity Limit		
100MG/5	4		(900 mL every 30 days)		
THEOPHYLLINE ELX		Formulary		12/01/2022	
80/15ML	2	Addition			
		Formulary		12/01/2022	
NORETH/ETHIN TAB FE	2	Addition			