Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
KALYDECO GRA 5.8MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packets every 28 days)	2/1/24		
MOUNJARO INJ 2.5/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 5MG/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 7.5/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 10MG/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 12.5/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 15MG/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
ROZLYTREK PAK 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (336 packets every 28 days)	2/1/24		
ZURZUVAE CAP 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 14 days)	2/1/24		
ZURZUVAE CAP 25MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 14 days)	2/1/24		

XALKORI CAP 20MG	5	Formulary	Prior Authorization Required,	2/1/24		
		Addition	Quantity Limit (240 caps every 30			
			days)			
XALKORI CAP 150MG	5	Formulary	Prior Authorization Required,	2/1/24		
		Addition	Quantity Limit (180 caps every 30			
			days)			
ZURZUVAE CAP 30MG	5	Formulary	Prior Authorization Required,	2/1/24		
		Addition	Quantity Limit (14 caps every 14			
			days)			
XALKORI CAP 50MG	5	Formulary	Prior Authorization Required,	2/1/24		
		Addition	Quantity Limit (120 caps every 30			
			days)			
CEFACLOR SUS 125/5ML	4	Formulary		2/1/24	CEFACLOR SUS 250MG/5ML	Tier 4
		Removal				
CEFACLOR SUS 375/5ML	4	Formulary		2/1/24	CEFACLOR SUS 250MG/5ML	Tier 4
		Removal				
CEFTAZIDIME/ SOL D5W	4	Formulary		2/1/24	CEFTAZIDIME INJ	Tier 4
1GM		Removal				
CEFTAZIDIME/ SOL D5W	4	Formulary		2/1/24	CEFTAZIDIME INJ	Tier 4
2GM		Removal				
CIPROFLOXACN TAB	4	Formulary		2/1/24	CIPROFLOXACIN HCL TAB 250	Tier 1
100MG		Removal			MG	
CLINDAMYCIN INJ	3	Formulary		2/1/24	CLINDAMYCIN INJ	Tier 3
300/2ML		Removal			600MG/4ML	
NEVIRAPINE TAB	4	Formulary		2/1/24	NEVIRAPINE TAB ER 400MG	Tier 4
100MG		Removal				
OLOPATADINE DRO	3	Formulary		2/1/24	AZELASTINE HCL OPHTH	Tier 3
0.1%		Removal			SOLN 0.05%	
SYMJEPI INJ 0.15MG	4	Formulary		2/1/24	EPINEPHRINE INJ 0.15MG	Tier 3
		Removal				
SYMJEPI INJ 0.3MG	4	Formulary		2/1/24	EPINEPHRINE INJ 0.3MG	Tier 3
		Removal				

SYNRIBO INJ 3.5MG	5	Formulary Removal		2/1/24	ICLUSIG TAB; SCEMBLIX TAB	Tier 5
FRUZAQLA CAP 1MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (84 caps every 28 days)	3/1/24		
FRUZAQLA CAP 5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (21 caps every 28 days)	3/1/24		
TRUQAP TAB 160MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (64 tabs every 28 days)	3/1/24		
TRUQAP TAB 200MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (64 tabs every 28 days)	3/1/24		
AUGTYRO CAP 40MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (240 caps every 30 days)	3/1/24		
ZEMAIRA INJ 4000MG	5	Formulary Addition	Prior Authorization Required	3/1/24		
ZEMAIRA INJ 5000MG	5	Formulary Addition	Prior Authorization Required	3/1/24		
MORPHINE SUL INJ 50MG/ML	4	Formulary Addition	Prior Authorization Required	3/1/24		
OGSIVEO TAB 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (180 tabs every 30 days)	3/1/24		
AUVELITY TAB 45- 105MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	3/1/24		
NORELGE/ETHI DIS 150/35	4	Formulary Addition		3/1/24		

PENBRAYA INJ	1	Formulary		3/1/24		
FLINDINATATING	_	Addition		3/1/24		
BROMFENAC DRO	3	Formulary		3/1/24		
0.07% OP		Addition		3/1/24		
KLAYESTA POW 100000	3	Formulary	Quantity Limit (60 gm every 30	3/1/24		
REALESTATION 100000		Addition	days)	3/1/24		
FLEBOGAMMA INJ DIF	5	Formulary	uaysj	3/1/24	OCTAGAM INJ 2.5GM/50ML	Tier 5
5%	ر	Removal		3/1/24	OCTAGAINTING 2.3GIN/30INL	Hel 3
FLEBOGAMMA INJ	5			2/1/24	DIVICANA INIL 10CNA/100NAL.	Tier 5
	5	Formulary Removal		3/1/24	BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ	Her 5
10/100ML		Removai			=	
					10GM/100ML; OCTAGAM INJ	
					10GM/100ML; PRIVIGEN INJ	
EL EDOCANANA INI	_	Frank Inc.		2/4/24	10GM/100ML	
FLEBOGAMMA INJ	5	Formulary		3/1/24	GAMMAPLEX INJ	Tier 5
20/200ML		Removal			20GM/200ML; OCTAGAM INJ	
					20GM/200ML; PRIVIGEN INJ	
				21.12.	20GM/200ML	
AMABELZ TAB 1-0.5MG	3	Formulary		3/1/24	ESTRADIOL &	Tier 3
		Removal			NORETHINDRONE ACETATE	
					TAB 1-0.5 MG; MIMVEY TAB	
		_			1-0.5 MG	
PEN G PROC INJ 600000	4	Formulary		3/1/24	PENICILLIN G POTASSIUM INJ	Tier 4
		Removal			SOLR 5000000 UNIT,	
					20000000 UNIT	
FLEBOGAMMA INJ	5	Formulary		3/1/24	BIVIGAM INJ 5GM/50ML;	Tier 5
5GM/50ML		Removal			GAMMAPLEX INJ	
					5GM/50ML; OCTAGAM INJ	
					5GM/50ML; PRIVIGEN INJ	
					5GM/50ML	
GVOKE PFS INJ	3	Formulary		3/1/24	GVOKE PFS INJ PREF SYRINGE	Tier 3
		Removal			1MG/0.2ML; GVOKE	
					HYPOPEN; GVOKE KIT	

VANADOM TAB 350MG	3	Formulary Removal		3/1/24	CARISOPRODOL TAB 350 MG	Tier 3
PEMAZYRE TAB 4.5MG	5	Quantity Limit Change	Quantity Limit (28 tabs every 28 days)	3/1/24		
PEMAZYRE TAB 13.5MG	5	Quantity Limit Change	Quantity Limit (28 tabs every 28 days)	3/1/24		
PEMAZYRE TAB 9MG	5	Quantity Limit Change	Quantity Limit (28 tabs every 28 days)	3/1/24		
MIFEPRISTONE TAB 300MG	5	Formulary Addition	Prior Authorization Required	4/1/24		
OMNIPOD 5 G7 KIT INTRO	4	Formulary Addition	Prior Authorization Required, Quantity Limit (1 kit every year)	4/1/24		
OMNIPOD 5 G7 MIS PODS	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	4/1/24		
BOSULIF CAP 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (150 caps every 25 days)	4/1/24		
IWILFIN TAB 192MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (240 tabs every 30 days)	4/1/24		
LIDOCAN III PAD 5%	4	Formulary Addition	Prior Authorization Required, Quantity Limit (3 patches every 1 day)	4/1/24		
BOSULIF CAP 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (360 caps every 30 days)	4/1/24		
DABIGATRAN CAP 110MG	4	Formulary Addition	Quantity Limit (120 caps every 30 days)	4/1/24		

RISPERIDONE INJ 12.5MG RISPERIDONE INJ 25MG RISPERIDONE INJ 25MG ER Addition RISPERIDONE INJ 25MG ER Addition RISPERIDONE INJ ST.SMG RISPERIDONE INJ 37.5MG RISPERIDONE INJ 37.5MG Addition RISPERIDONE INJ ST.SMG Addition RISPERIDONE INJ 50MG ER Addition RISPERIDONE INJ 50MG Formulary Addition RISPERIDONE INJ 50MG Formulary Addition PAXLOVID TAB 150-100 Addition PAXLOVID TAB 300-100 RISPERIDONE INJ Addition PAXLOVID TAB 300-100 RISPERIDONE INJ Addition PAXLOVID TAB 300-100 Addition PAXLOVID TAB 300-100 Addition Addition RISPERIDONE INJ Addition PAXLOVID TAB 300-100 Addition Addition RISPERIDONE INJ Addition Addition Addition BROMFENAC DRO Addition Addition BROMFENAC DRO Addition Addition Addition Addition BROMFENAC DRO Addition Addi
RISPERIDONE INJ 25MG
ER Addition 28 days) RISPERIDONE INJ 37.5MG 5 Formulary Addition 28 days) RISPERIDONE INJ 50MG 5 Formulary Addition 28 days) RISPERIDONE INJ 50MG 5 Formulary Addition 28 days) PAXLOVID TAB 150-100 3 Formulary Addition days) PAXLOVID TAB 300-100 3 Formulary Addition days) PAXLOVID TAB 300-100 4 Formulary Addition days) ZENPEP CAP 60000UNT 4 Formulary Addition BROMFENAC DRO 4 Formulary Addition Addition Addition SODIUM/POTAS SOL MAGNESIU Addition Additi
RISPERIDONE INJ 37.5MG RISPERIDONE INJ 50MG ER PAXLOVID TAB 150-100 PAXLOVID TAB 300-100 RISPEP CAP 60000UNT BROMFENAC DRO 0.075% SODIUM/POTAS SOL MAGNESIU PAXMOMETRIA MAGNESIU RISPERIDONE INJ 50 Formulary Addition 28 days) Quantity Limit (2 injections every 4/1/24 28 days) Quantity Limit (40 tabs every 30 4/1/24 days) 4/1/24 Addition Quantity Limit (60 tabs every 30 4/1/24 Addition Addition 4/1/24 Addition Addition ROMFENAC DRO 0.075% Addition Formulary Addition Formulary Addition Addition Formulary Addition Addition Formulary Addition Formulary Addition Addition Formulary Addition Addition Formulary Addition Addition Formulary Addition Addition Addition Formulary Addition Addition Addition Addition Formulary Addition
37.5MG Addition 28 days) RISPERIDONE INJ 50MG ER Addition 28 days) PAXLOVID TAB 150-100 3 Formulary Addition 28 days) PAXLOVID TAB 300-100 3 Formulary Addition 29 days) PAXLOVID TAB 300-100 3 Formulary Addition 29 days) ZENPEP CAP 60000UNT 4 Formulary Addition 29 days) BROMFENAC DRO 4 Formulary Addition 20 days) SODIUM/POTAS SOL MAGNESIU Addition 4/1/24 HUMIRA PEN INJ Tier 5 CD/UC/HS Removal PAROMOMYCIN CAP 4 Formulary Removal 4/1/24 Consult Your Health Care
RISPERIDONE INJ 50MG ER Addition 28 days) PAXLOVID TAB 150-100 3 Formulary Addition 29 days) PAXLOVID TAB 300-100 3 Formulary Addition days) PAXLOVID TAB 300-100 3 Formulary Addition days) ZENPEP CAP 60000UNT 4 Formulary Addition BROMFENAC DRO 0.075% Addition SODIUM/POTAS SOL MAGNESIU Addition HUMIRA PEN INJ CD/UC/HS Removal PAROMOMYCIN CAP 4 Formulary Removal PAROMOMYCIN CAP 4 Formulary Removal PAROMOMYCIN CAP 4 Formulary Addition Addition 20 days) Adapticulary Addition 4/1/24 Consult Your Health Care
ER Addition 28 days) PAXLOVID TAB 150-100 3 Formulary Addition days) PAXLOVID TAB 300-100 3 Formulary Addition days) PAXLOVID TAB 300-100 3 Formulary Addition days) ZENPEP CAP 60000UNT 4 Formulary Addition days) BROMFENAC DRO 4 Formulary Addition SODIUM/POTAS SOL 3 Formulary Addition HUMIRA PEN INJ 5 Formulary CD/UC/HS Removal PAROMOMYCIN CAP 4 Formulary Administration and the properties of the properties of the part of the par
PAXLOVID TAB 150-100 3 Formulary Addition
Addition days) PAXLOVID TAB 300-100 3 Formulary Addition days) ZENPEP CAP 60000UNT 4 Formulary Addition BROMFENAC DRO 4 Formulary Addition SODIUM/POTAS SOL MAGNESIU Addition HUMIRA PEN INJ 5 Formulary CD/UC/HS Removal PAROMOMYCIN CAP 4 Formulary Addition Addition days) 4/1/24 4/1/24 4/1/24 4/1/24 HUMIRA PEN INJ Tier 5 4/1/24 Consult Your Health Care
PAXLOVID TAB 300-100 3 Formulary Addition Quantity Limit (60 tabs every 30 days) ZENPEP CAP 60000UNT 4 Formulary Addition BROMFENAC DRO 4 Formulary Addition SODIUM/POTAS SOL 3 Formulary Addition HUMIRA PEN INJ 5 Formulary CD/UC/HS Removal PAROMOMYCIN CAP 4 Formulary Realth Care
Addition days) ZENPEP CAP 60000UNT 4 Formulary Addition BROMFENAC DRO 4 Formulary Addition SODIUM/POTAS SOL 3 Formulary Addition HUMIRA PEN INJ 5 Formulary CD/UC/HS Removal PAROMOMYCIN CAP 4 Formulary 4/1/24 Consult Your Health Care
ZENPEP CAP 60000UNT 4 Formulary Addition BROMFENAC DRO 0.075% 4 Formulary Addition SODIUM/POTAS SOL MAGNESIU 5 Formulary Addition HUMIRA PEN INJ 5 Formulary CD/UC/HS Removal PAROMOMYCIN CAP 4 Formulary 4/1/24 Consult Your Health Care
BROMFENAC DRO 4 Formulary 0.075% Addition 4/1/24 SODIUM/POTAS SOL 3 Formulary Addition 4/1/24 HUMIRA PEN INJ 5 Formulary CD/UC/HS Removal PAROMOMYCIN CAP 4 Formulary 4/1/24 Consult Your Health Care
BROMFENAC DRO 0.075% 4 Formulary Addition SODIUM/POTAS SOL 3 Formulary MAGNESIU Addition HUMIRA PEN INJ 5 Formulary CD/UC/HS Removal PAROMOMYCIN CAP 4 Formulary 4/1/24 Consult Your Health Care
0.075% Addition SODIUM/POTAS SOL MAGNESIU 3 Formulary Addition HUMIRA PEN INJ CD/UC/HS 5 Formulary Removal PAROMOMYCIN CAP 4 Formulary 4/1/24 4/1/24 CD/UC/HS 4/1/24 COnsult Your Health Care
SODIUM/POTAS SOL 3 Formulary Addition 4/1/24 HUMIRA PEN INJ 5 Formulary CD/UC/HS Removal 4/1/24 HUMIRA PEN INJ Tier 5 CD/UC/HS Removal 4/1/24 Consult Your Health Care
MAGNESIUAddition4/1/24HUMIRA PEN INJ 4/1/24Tier 5CD/UC/HSRemoval4/1/24HUMIRA PEN INJ 40MG/0.8MLPAROMOMYCIN CAP4Formulary4/1/24Consult Your Health Care
HUMIRA PEN INJ 5 Formulary 4/1/24 HUMIRA PEN INJ Tier 5 CD/UC/HS Removal 40MG/0.8ML PAROMOMYCIN CAP 4 Formulary 4/1/24 Consult Your Health Care
CD/UC/HS Removal 40MG/0.8ML PAROMOMYCIN CAP 4 Formulary 4/1/24 Consult Your Health Care
PAROMOMYCIN CAP 4 Formulary 4/1/24 Consult Your Health Care
25046
250MG Removal Provider
DULERA AER 50-5MCG 4 Quantity Quantity Limit (3 inhalers every 4/1/24
Limit 30 days)
Change
DULERA AER 200-5MCG 4 Quantity Quantity Limit (3 inhalers every 4/1/24
Limit 30 days)
Change
DULERA AER 100-5MCG 4 Quantity Quantity Limit (3 inhalers every 4/1/24
Limit 30 days)
Change

			I	= /4 /0 4	
XOLAIR INJ 75/0.5		Formulary		5/1/24	
	5	Addition	Prior Authorization Required		
XOLAIR INJ 150MG/ML		Formulary		5/1/24	
	5	Addition	Prior Authorization Required		
XOLAIR INJ 300/2ML		Formulary		5/1/24	
	5	Addition	Prior Authorization Required		
XOLAIR INJ 300/2ML		Formulary		5/1/24	
	5	Addition	Prior Authorization Required		
VIGPODER POW 500MG		Formulary	Prior Authorization Required,	5/1/24	
		Addition	Quantity Limit (180 packets every		
	5		30 days)		
LANTHANUM CHW		Formulary	Quantity Limit (180 tabs every 30	5/1/24	
750MG	3	Addition	days)		
NITROGLYCERI OIN		Formulary	Quantity Limit (30 gm every 30	5/1/24	
0.4%	4	Addition	days)		
LANTHANUM CHW		Formulary	Quantity Limit (90 tabs every 30	5/1/24	
500MG	3	Addition	days)		
LANTHANUM CHW		Formulary	Quantity Limit (90 tabs every 30	5/1/24	
1000MG	3	Addition	days)		
NAPROXEN DR TAB		Formulary	Quantity Limit (90 tabs every 30	5/1/24	
500MG	4	Addition	days)		
MIEBO DRO 1.3GM/ML		Formulary		5/1/24	
	3	Addition			
LOTEPREDNOL SUS		Formulary		5/1/24	
0.2%	3	Addition			
IXCHIQ INJ		Formulary		5/1/24	
	1	Addition			
CEFAZOLIN INJ 3GM		Formulary		5/1/24	
	3	Addition			
EC-NAPROXEN TAB		Formulary		5/1/24	
500MG	4	Removal			

		Formulary		5/1/24	Consult Your Health Care	
EMCYT CAP 140MG	5	Removal			Provider	
		Formulary		5/1/24	RISPERIDONE INJ 12.5MG ER	Tier 4
RISPERDAL INJ 12.5MG	4	Removal				
		Formulary		5/1/24	RISPERIDONE INJ 25MG ER	Tier 4
RISPERDAL INJ 25MG	4	Removal				
		Formulary		5/1/24	RISPERIDONE INJ 37.5MG ER	Tier 5
RISPERDAL INJ 37.5MG	5	Removal				
		Formulary		5/1/24	RISPERIDONE INJ 50MG ER	Tier 5
RISPERDAL INJ 50MG	5	Removal				
		Formulary		5/1/24	PAZOPANIB HCL TAB 200 MG	Tier 5
VOTRIENT TAB 200MG	5	Removal				
HEPARIN SOD INJ		Formulary	Prior Authorization Required	6/1/24		
1000/ML	3	Addition				
TREMFYA INJ		Formulary	Prior Authorization Required,	6/1/24		
100MG/ML		Addition	Quantity Limit (1 pen every 28			
	5		days)			
TREMFYA INJ		Formulary	Prior Authorization Required,	6/1/24		
100MG/ML		Addition	Quantity Limit (1 syringe every 28			
	5		days)			
ALVAIZ TAB 9MG		Formulary	Prior Authorization Required,	6/1/24		
		Addition	Quantity Limit (60 tabs every 30			
	5		days)			
ALVAIZ TAB 54MG		Formulary	Prior Authorization Required,	6/1/24		
		Addition	Quantity Limit (60 tabs every 30			
	5		days)			
ALVAIZ TAB 18MG		Formulary	Prior Authorization Required,	6/1/24		
		Addition	Quantity Limit (90 tabs every 30			
	5		days)			
ALVAIZ TAB 36MG		Formulary	Prior Authorization Required,	6/1/24		
		Addition	Quantity Limit (90 tabs every 30			
	5		days)			

NEXLETOL TAB 180MG		Formulary	Quantity Limit (30 tabs every 30	6/1/24		
	3	Addition	days)			
NEXLIZET TAB		Formulary	Quantity Limit (30 tabs every 30	6/1/24		
180/10MG	3	Addition	days)			
CLINDAMYCIN GEL 1%		Formulary	Quantity Limit (75 gm every 30	6/1/24		
	3	Addition	days)			
DEXAMETH PHO INJ		Formulary		6/1/24		
4MG/ML	3	Addition				
VANCOMYCIN INJ		Formulary		6/1/24		
500MG	4	Addition				
VANCOMYCIN INJ 1 GM		Formulary		6/1/24		
	4	Addition				
VANCOMYCIN INJ 5GM		Formulary		6/1/24		
	4	Addition				
VANCOMYCIN INJ		Formulary		6/1/24		
10GM	4	Addition				
EMZAHH TAB 0.35MG		Formulary		6/1/24		
	2	Addition				
		Formulary		6/1/24	VRAYLAR CAP	Tier 4
VRAYLAR CAP 1.5-3MG	4	Removal				
CLOTRIMAZOLE SOL 1%		Quantity	Quantity Limit (60 mL every 30	6/1/24		
		Limit	days)			
	3	Change				
HUMIRA INJ 20/0.2ML		Quantity	Quantity Limit (4 syringes every	6/1/24		
		Limit	28 days)			
	5	Change				
JYLAMVO SOL 2MG/ML	4	Formulary		7/1/24		
		Addition	Prior Authorization Required			
ALVESCO AER 80MCG	4	Formulary	Quantity Limit (3 inhalers every	7/1/24		
		Addition	30 days)			
ALVESCO AER 160MCG	4	Formulary	Quantity Limit (2 inhalers every	7/1/24		
		Addition	30 days)			

THALOMID CAP 100MG THALOMID CAP 100MG THALOMID CAP 50MG THALOMID CAP 100MG THALOMID	AMABELZ TAB 0.5-0.1	3	Formulary Removal		7/1/24	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3
THALOMID CAP 100MG Change			Ougntity		7/1/24	TAB 0.5-0.1 IVIG	
THALOMID CAP 100MG Change		5	•	Overstitus Limpit (112 como overs 20	//1/24		
THALOMID CAP 50MG TOTALITY Addition OJEMDA TAB 100MG S Formulary Addition ER S Formulary Addition AUSTEDO XR TAB 30MG ER S Formulary Addition Formulary Addition ER S Formulary Addition Addition Formulary Addition Prior Authorization Required, Quantity Limit (30 tabs every 30 days) B B B B B B B Formulary Addition Cuantity Limit (30 tabs every 30 days) B B B B B B B B B B B B B	THAT CAME CAR 400A4C		_	, , , , , , , , , , , , , , , , , , , ,			
THALOMID CAP 50MG Change Change Change Change Change Change Formulary Addition OJEMDA TAB 100MG S Formulary Addition AUSTEDO XR TAB 30MG ER AUSTEDO XR TAB 36MG ER S Formulary Addition AUSTEDO XR TAB 42MG ER S Formulary Addition ER S Formulary Addition Formulary Addition AUSTEDO XR TAB 42MG ER S Formulary Addition Formulary Addition ER S Formulary Addition Formulary Addition ER S Formulary Addition Formulary Addition ER S Formulary Addition Formulary Addition Change Balize	THALOMID CAP 100MG			days)	7/1/01		
THALOMID CAP 50MG Change Gays) Formulary Addition OJEMDA TAB 100MG S Formulary Addition AUSTEDO XR TAB 30MG ER S Formulary Addition Form		5	•		//1/24		
OJEMDA TAB 100MG S Formulary Addition AUSTEDO XR TAB 30MG ER AUSTEDO XR TAB 36MG ER S Formulary Addition Formulary Addi			_	, , , , ,			
OJEMDA TAB 100MG 5	THALOMID CAP 50MG			, ,			
OJEMDA TAB 100MG 5			,	·	8/1/24		
AUSTEDO XR TAB 30MG ER 5 Formulary Addition ER ER ER Formulary Addition ER ER Formulary Addition ER ER ER Formulary Addition ER ER ER ER ER ER ER ER Formulary Addition ER			Addition	Quantity Limit (24 tabs every 28			
AUSTEDO XR TAB 30MG ER 5 Addition Cuantity Limit (30 tabs every 30 days) Formulary Addition ER Formulary Addition ER Formulary Addition Formulary Addition ER Formulary Addition Formulary Addition Formulary Add	OJEMDA TAB 100MG	5		days)			
AUSTEDO XR TAB 36MG ER 5 Formulary Addition Prior Authorization Required, Quantity Limit (30 tabs every 30 days) AUSTEDO XR TAB 42MG ER 5 Formulary Addition Prior Authorization Required, Quantity Limit (30 tabs every 30 days) AUSTEDO XR TAB 42MG ER 5 Formulary Addition Prior Authorization Required, Quantity Limit (30 tabs every 30 days) AUSTEDO XR TAB 48MG ER 5 Formulary Addition Prior Authorization Required, Quantity Limit (30 tabs every 30 days) Formulary Addition Prior Authorization Required, Quantity Limit (56 tabs every 28 days) Formulary Addition Prior Authorization Required, Quantity Limit (56 tabs every 28 days) Formulary Addition Prior Authorization Required, Quantity Limit (56 tabs every 28 days) Formulary Addition Prior Authorization Required, Quantity Limit (56 tabs every 28 days) Formulary Addition Prior Authorization Required, Quantity Limit (56 tabs every 28 days)			Formulary	Prior Authorization Required,	8/1/24		
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AUSTEDO XR TAB 36MG ER 5 Addition Quantity Limit (30 tabs every 30 days) AUSTEDO XR TAB 42MG ER 5 Formulary Addition Formulary AUSTEDO XR TAB 48MG ER 5 Formulary Addition Formulary Addition Formulary Addition OGSIVEO TAB 100MG Formulary Addition Formulary Addition Formulary Addition Formulary Addition OGSIVEO TAB 100MG Formulary Addition Formulary Addition Prior Authorization Required, Quantity Limit (30 tabs every 30 days) Formulary Addition OGSIVEO TAB 100MG Formulary Addition Prior Authorization Required, Quantity Limit (56 tabs every 28 days) Formulary Addition Quantity Limit (56 tabs every 28 8/1/24 Quantity Limit (56 tabs every 28 8/1/24	ER	5		days)			
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OGSIVEO TAB 100MG 5 days) Formulary Prior Authorization Required, Addition Quantity Limit (56 tabs every 28				-	<i>-, -, -</i> ·		
Formulary Prior Authorization Required, 8/1/24 Addition Quantity Limit (56 tabs every 28	OGSIVEO TAB 100MG	5		, , , ,			
Addition Quantity Limit (56 tabs every 28	2 23.1202 203.110		Formulary	, .	8/1/24		
			,	•	0, 2, 2 .		
OGSIVEO TAB 150MG 5 days)	OGSIVEO TAB 150MG	5	, (00101011				

		Formulary	Prior Authorization Required,	8/1/24	
		Addition	Quantity Limit (96 mL every 28	5, 2, 2 .	
OJEMDA SUS 25MG/ML	5		days)		
,		Formulary	Quantity Limit (30 tabs every 30	8/1/24	
XCOPRI TAB 25MG	5	Addition	days)		
		Formulary	Quantity Limit (56 tabs every 28	8/1/24	
VARENICLINE TAB 1MG	4	Addition	days)		
		Formulary		8/1/24	
ALYGLO INJ 5GM/50ML	5	Addition	Prior Authorization Required		
		Formulary		8/1/24	
ALYGLO INJ 10/100ML	5	Addition	Prior Authorization Required		
		Formulary		8/1/24	
ALYGLO INJ 20/200ML	5	Addition	Prior Authorization Required		
CYCLOPHOSPH INJ		Formulary		8/1/24	
500/5ML	5	Addition	Prior Authorization Required		
CYCLOPHOSPH INJ		Formulary		8/1/24	
1000MG	5	Addition	Prior Authorization Required		
CYCLOPHOSPH INJ		Formulary		8/1/24	
2000MG	5	Addition	Prior Authorization Required		
		Formulary		8/1/24	
FASENRA INJ 10MG/0.5	5	Addition	Prior Authorization Required		
LANREOTIDE INJ		Formulary		8/1/24	
120/.5ML	5	Addition	Prior Authorization Required		
		Formulary		8/1/24	
PROCTOCORT CRE 1%	3	Addition			
		Formulary		8/1/24	
LIBERVANT MIS 5MG	4	Addition			
		Formulary		8/1/24	
LIBERVANT MIS 7.5MG	4	Addition			
		Formulary		8/1/24	
LIBERVANT MIS 10MG	4	Addition			

		F 1		0/4/24	T	
LIDEDVANIT NAIC 42 ENAC	4	Formulary		8/1/24		
LIBERVANT MIS 12.5MG	4	Addition		0/4/04		
		Formulary		8/1/24		
LIBERVANT MIS 15MG	4	Addition		- 1 - 1		
VANCOMYCIN INJ		Formulary		8/1/24		
1.25GM	4	Addition				
VANCOMYCIN INJ		Formulary		8/1/24		
1.5GM	4	Addition				
		Formulary		8/1/24	Consult Your Health Care	
EXKIVITY CAP 40MG	5	Removal			Provider	
HUMIRA PEDIA INJ		Formulary		8/1/24	HUMIRA PEN STARTER KIT	Tier 5
CROHNS	5	Removal			CD/UC/HS	
HUMIRA PEDIA INJ		Formulary		8/1/24	HUMIRA PEN STARTER KIT	Tier 5
CROHNS	5	Removal			CD/UC/HS	
		Formulary		8/1/24	HUMIRA PEN INJ KIT 40	Tier 5
HUMIRA PEN INJ PS/UV	5	Removal			MG/0.8ML	
DRIZALMA CAP 20MG	4	Formulary	Prior Authorization Required,	9/1/24		
DR		Addition	Quantity Limit (60 ea every 30			
			days)			
DRIZALMA CAP 30MG	4	Formulary	Prior Authorization Required,	9/1/24		
DR		Addition	Quantity Limit (60 ea every 30			
			days)			
DRIZALMA CAP 40MG	4	Formulary	Prior Authorization Required,	9/1/24		
DR		Addition	Quantity Limit (60 ea every 30	. ,		
			days)			
DRIZALMA CAP 60MG	4	Formulary	Prior Authorization Required,	9/1/24		
DR		Addition	Quantity Limit (60 ea every 30	-, ,		
			days)			
RINVOQ LQ SOL	5	Formulary	Prior Authorization Required,	9/1/24		
1MG/ML	-	Addition	Quantity Limit (360 mL every 30	-, ,		
,			days)			
		1	101			

SCEMBLIX TAB 100MG	5	Formulary	Prior Authorization Required,	9/1/24		
SCEIVIBLIX TAB 100IVIG)	Addition	Quantity Limit (120 tabs every 30	9/1/24		
		Addition	, , , , , , , , , , , , , , , , , , , ,			
VDEN 41 07 DDG 0 3507	_	Francisco	days)	0/4/24		
XDEMVY DRO 0.25%	5	Formulary	Prior Authorization Required	9/1/24		
		Addition				
L-GLUTAMINE POW	5	Formulary	Prior Authorization Required	9/1/24		
5GM		Addition				
KIONEX SUS 15GM/60	3	Formulary		9/1/24		
		Addition				
POT CHLORIDE INJ	3	Formulary		9/1/24		
10MEQ		Addition				
CYCLOPHOSPHA INJ	5	Formulary		9/1/24	CYCLOPHOSPHAMIDE INJ	Tier 5
2GM/4ML		Removal		-, -, -	2GM/10ML	
CYCLOSPORINE INJ	4	Formulary		9/1/24	Consult Your Health Care	
50MG/ML		Removal		3/1/21	Provider	
TAZTIA XT CAP	2	Formulary		9/1/24	DILTIAZEM HCL ER BEADS	Tier 2
_		Removal		3/1/24		Her Z
120MG/24	2			0/4/24	CAP; TIADYLT CAP	T 2
TAZTIA XT CAP	2	Formulary		9/1/24	DILTIAZEM HCL ER BEADS	Tier 2
180MG/24		Removal			CAP; TIADYLT CAP	
TAZTIA XT CAP	2	Formulary		9/1/24	DILTIAZEM HCL ER BEADS	Tier 2
240MG/24		Removal			CAP; TIADYLT CAP	
TAZTIA XT CAP 300MG	2	Formulary		9/1/24	DILTIAZEM HCL ER BEADS	Tier 2
ER		Removal			CAP; TIADYLT CAP	
TAZTIA XT CAP	2	Formulary		9/1/24	DILTIAZEM HCL ER BEADS	Tier 2
360MG/24		Removal			CAP; TIADYLT CAP	
ZEJULA CAP 100MG	5	Formulary		9/1/24	ZEJULA TAB	Tier 5
		Removal		, ,		-
TRIDACAINE PAD 5%	4	Formulary				
		Addition	Prior Authorization Required	10/1/2024		
MRESVIA INJ 50MCG	1	Formulary		-, -, :		
		Addition		10/1/2024		
				_0, _, _0_ 1		

NALOXONE HCL SOL	2	Formulary			
0.4MG/ML		Addition		10/1/2024	
ENTRESTO CAP 6-6MG	3	Formulary	Quantity Limit: 240 caps every 30		
		Addition	days	10/1/2024	
ENTRESTO CAP 15-	3	Formulary	Quantity Limit: 240 caps every 30		
16MG		Addition	days	10/1/2024	
BENDAMUSTINE SOL	5	Formulary			
100/4ML		Addition	Prior Authorization Required	10/1/2024	
AUSTEDO XR TAB 18MG	5		Prior Authorization Required;		
		Formulary	Quantity Limit: 60 tabs every 30		
		Addition	days	10/1/2024	
AUSTEDO XR TAB TITR	5		Prior Authorization Required;		
KIT		Formulary	Quantity Limit: 2 packs every		
		Addition	year	10/1/2024	
IVABRADINE TAB 5MG	4	Formulary	Quantity Limit: 60 tabs every 30		
		Addition	days	10/1/2024	
IVABRADINE TAB 7.5MG	4	Formulary	Quantity Limit: 60 tabs every 30		
		Addition	days	10/1/2024	
DOXORUBICIN INJ	4	Formulary			
2MG/ML		Addition	Prior Authorization Required	10/1/2024	
OTEZLA TAB 20MG	5		Prior Authorization Required;		
		Formulary	Quantity Limit: 60 tabs every 30		
		Addition	days	10/1/2024	
OTEZLA TAB 10/20	5		Prior Authorization Required;		
		Formulary	Quantity Limit: 110 tabs every		
		Addition	year	10/1/2024	
TALTZ INJ 20/0.25	5		Prior Authorization Required;		
		Formulary	Quantity Limit: 1 syringe every 28		
		Addition	days	10/1/2024	
TALTZ INJ 40/0.5ML	5		Prior Authorization Required;		
		Formulary	Quantity Limit: 1 syringe every 28		
		Addition	days	10/1/2024	

TORPENZ TAB 2.5MG	5		Drier Authorization Deguired			
TORPENZ TAB 2.5IVIG)	Formulani	Prior Authorization Required;			
		Formulary	Quantity Limit: 30 tabs every 30	10/1/2024		
		Addition	days	10/1/2024		
TORPENZ TAB 5MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 30 tabs every 30			
		Addition	days	10/1/2024		
TORPENZ TAB 7.5MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 30 tabs every 30			
		Addition	days	10/1/2024		
TORPENZ TAB 10MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 30 tabs every 30			
		Addition	days	10/1/2024		
RETEVMO TAB 40MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 90 tabs every 30			
		Addition	days	10/1/2024		
RETEVMO TAB 160MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 60 tabs every 30			
		Addition	days	10/1/2024		
RETEVMO TAB 80MG	5		Prior Authorization Required;	-, , -		
		Formulary	Quantity Limit: 60 tabs every 30			
		Addition	days	10/1/2024		
RETEVMO TAB 120MG	5	Addition	Prior Authorization Required;	10/1/2021		
KETEVIVIO TAB 1201VIO		Formulary	Quantity Limit: 60 tabs every 30			
		Addition	days	10/1/2024		
DICLOFENAC SOL 1.5%	3		Quantity Limit: 300 mL every 28	10/1/2024		
DICLOFENAC SOL 1.5%	3	Formulary Addition		10/1/2024		
LEVIVA CLIC FOR AC /R AL			days	10/1/2024	FOCANARDENIANUR TAR 700	
LEXIVA SUS 50MG/ML		Formulary		40/4/2024	FOSAMPRENAVIR TAB 700	<u>.</u>
**************************************	4	Removal		10/1/2024	MG	Tier 5
AMOX/K CLAV CHW					AMOXICILLIN & K	
200MG		Formulary			CLAVULANATE FOR SUSP	
	4	Removal		10/1/2024	200-28.5 MG/5ML	Tier 2

ZOLEDRONIC INJ		Formulary			ZOLEDRONIC ACID INJ	
4MG/100	4	Removal		10/1/2024	4MG/5ML	Tier 2
ERYTHROCIN TAB		Formulary			ERYTHROMYCIN TAB 250MG	
250MG	4	Removal		10/1/2024	EC	Tier 2
ADALIMU-AACF KIT	5		Prior Authorization Required;			
40/0.8ML		Formulary	Quantity Limit: 56 syringes every			
		Add	365 days	11/1/2024		
VIGAFYDE SOL	5		Prior Authorization Required;			
100MG/ML		Formulary	Quantity Limit: 900 mL every 30			
		Add	days	11/1/2024		
VAXCHORA SUS	1	Formulary				
		Add		11/1/2024		
VRAYLAR CAP 1.5-3MG	4	Formulary	Quantity Limit: 2 packs every			
		Add	year	11/1/2024		
DASATINIB TAB 20MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 90 tabs every 30			
		Add	days	11/1/2024		
DASATINIB TAB 50MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 30 tabs every 30			
		Add	days	11/1/2024		
DASATINIB TAB 70MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 30 tabs every 30			
		Add	days	11/1/2024		
DASATINIB TAB 80MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 30 tabs every 30			
		Add	days	11/1/2024		
DASATINIB TAB 100MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 30 tabs every 30			
		Add	days	11/1/2024		
DASATINIB TAB 140MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 30 tabs every 30			
		Add	days	11/1/2024		

AIRSUPRA AER 90-	3	Formulary	Quantity Limit: 3 inhalers every			
80MCG		Add	30 days	11/1/2024		
OJEMDA TAB 100MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 24 tabs every 28			
		Add	days	11/1/2024		
OJEMDA TAB 100MG	5		Prior Authorization Required;			
		Formulary	Quantity Limit: 24 tabs every 28			
		Add	days	11/1/2024		
GAVILYTE-N SOL FLAV	2	Formulary				
PK		Add		11/1/2024		
EFAVIRENZ CAP 50MG	4	Formulary		11/1/2024		
		Removal			EFAVIRENZ TAB 600MG	Tier 4
EFAVIRENZ CAP 200MG	4	Formulary		11/1/2024		
		Removal			EFAVIRENZ TAB 600MG	Tier 4
VORANIGO TAB 10MG	5	Formulary	Prior Authorization Required;	12/1/2024		
		Addition	Quantity Limit (60 tabs every 30			
			days)			
VORANIGO TAB 40MG	5	Formulary	Prior Authorization Required;	12/1/2024		
		Addition	Quantity Limit (30 tabs every 30			
			days)			
LAZCLUZE TAB 80MG	5	Formulary	Prior Authorization Required;	12/1/2024		
		Addition	Quantity Limit (60 tabs every 30			
			days)			
LAZCLUZE TAB 240MG	5	Formulary	Prior Authorization Required;	12/1/2024		
		Addition	Quantity Limit (30 tabs every 30			
,			days)			
SPS SUS 30GM/120	3	Formulary		12/1/2024		
		Addition				
TAZAROTENE CRE	3	Formulary	Prior Authorization Required;	12/1/2024		
0.05%		Addition	Quantity Limit (60 gm every 30			
			days)			

CEFAZOLIN INJ DEXTROSE	4	Formulary Addition		12/1/2024	
ADALIMU-AACF INJ 40/0.8ML	5	Formulary Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	12/1/2024	
ADALIMU-AACF INJ 40/0.8ML	5	Formulary Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	12/1/2024	
HYDRO SOD SU INJ 100MG	4	Formulary Addition		12/1/2024	
TRIZIVIR TAB	5	Formulary Removal		12/1/2024	Consult Your Health Care Provider