VIVA Medicare

IMPORTANT 2025 5-TIER SNP FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
CYCLOPHOSPH INJ 1GM/2ML	5	Addition	Prior Authorization Required	2/1/2025		
CYCLOPHOSPH INJ 2GM/4ML	5	Addition	Prior Authorization Required	2/1/2025		
VAXCHORA SUS	1	Addition		2/1/2025		
VORANIGO TAB 10MG	5	Addition	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	2/1/2025		
VORANIGO TAB 40MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
LAZCLUZE TAB 80MG	5	Addition	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	2/1/2025		
LAZCLUZE TAB 240MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
SPS SUS 30GM/120	3	Addition		2/1/2025		
DASATINIB TAB 20MG	5	Addition	Prior Authorization Required; Quantity Limit (90 tabs every 30 days)	2/1/2025		
DASATINIB TAB 50MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
DASATINIB TAB 70MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
DASATINIB TAB 80MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		

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DASATINIB TAB 100MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
DASATINIB TAB 140MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
GALLIFREY TAB 5MG	3	Addition		2/1/2025		
TAZAROTENE CRE 0.05%	3	Addition	Prior Authorization Required; Quantity Limit (60 gm every 30 days)	2/1/2025		
CEFAZOLIN INJ DEXTROSE	4	Addition		2/1/2025		
ADALIMU-AACF INJ 40/0.8ML	5	Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	2/1/2025		
ADALIMU-AACF INJ 40/0.8ML	5	Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	2/1/2025		
AIRSUPRA AER 90-80MCG	3	Addition	Quantity Limit (3 inhalers every 30 days)	2/1/2025		
TECENTRIQ INJ HYBREZA	5	Addition	Prior Authorization Required; Quantity Limit (1 vial every 21 days)	2/1/2025		
TREMFYA INJ 200/20ML	5	Addition	Prior Authorization Required	2/1/2025		
TREMFYA INJ 200/2ML	5	Addition	Prior Authorization Required; Quantity Limit (1 pen every 28 days)	2/1/2025		
TREMFYA INJ 200/2ML	5	Addition	Prior Authorization Required; Quantity Limit (1 syringe every 28 days)	2/1/2025		
HYDRO SOD SU INJ 100MG	4	Addition		2/1/2025		

NOVOLOG INJ 100/ML	3	Addition		2/1/2025		
NOVOLOG INJ FLEXPEN	3	Addition		2/1/2025		
NOVOLOG INJ PENFILL	3	Addition		2/1/2025		
COBENFY CAP 50-20MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
COBENFY CAP 125-30MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
COBENFY STRT CAP PACK	5	Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	2/1/2025		
COBENFY CAP 100-20MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
TRUQAP PAK 160MG	5	Addition	Prior Authorization Required; Quantity Limit (4 packs every 28 days)	2/1/2025		
TRUQAP PAK 200MG	5	Addition	Prior Authorization Required; Quantity Limit (4 packs every 28 days)	2/1/2025		
PACLITAXEL INJ 100MG	5	Addition	Prior Authorization Required	2/1/2025		
CARBAMAZEPIN CHW 200MG	4	Addition		2/1/2025		
ITOVEBI TAB 9MG	5	Addition	Prior Authorization Required; Quantity Limit (28 tabs every 28 days)	2/1/2025		
ITOVEBI TAB 3MG	5	Addition	Prior Authorization Required; Quantity Limit (56 tabs every 28 days)	2/1/2025		
CEFAZOL/DEX SOL 1GM	4	Addition		2/1/2025		

CEFAZOL/DEX SOL 2GM	4	Addition		2/1/2025		
OMNIPOD 5 LB MIS PODS G6	4	Addition	Prior Authorization Required; Quantity Limit (15 pods every 30 days)	2/1/2025		
OMNIPOD 5 LB KIT INTRO G6	4	Addition	Prior Authorization Required; Quantity Limit (1 kit every year)	2/1/2025		
LUMAKRAS TAB 240MG	5	Addition	Prior Authorization Required; Quantity Limit (120 tabs every 30 days)	2/1/2025		
AUGTYRO CAP 160MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
OMNIPOD 5 DX MIS POD G7G6	4	Addition	Prior Authorization Required; Quantity Limit (15 pods every 30 days)	2/1/2025		
OPSUMIT TAB 10MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 5-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 10-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 15-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 20-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
ABILIFY MAIN INJ 300MG	5	Addition	Quantity Limit (1 syringe every 28 days)	2/1/2025		
ABILIFY MAIN INJ 400MG	5	Addition	Quantity Limit (1 syringe every 28 days)	2/1/2025		

ABILIFY ASIM INJ 720MG	5	Addition	Quantity Limit (1 syringe every 56 days)	2/1/2025		
ABILIFY ASIM INJ 960MG	5	Addition	Quantity Limit (1 syringe every 56 days)	2/1/2025		
ABILIFY MAIN INJ 300MG	5	Addition	Quantity Limit (1 injection every 28 days)	2/1/2025		
ABILIFY MAIN INJ 400MG	5	Addition	Quantity Limit (1 injection every 28 days)	2/1/2025		
DILANTIN CAP 100MG	3	Addition		2/1/2025		
FENTANYL OT LOZ 1200MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
FENTANYL OT LOZ 1600MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
FENTANYL OT LOZ 200MCG	4	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
FENTANYL OT LOZ 400MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
SPRYCEL TAB 100MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
NYMYO TAB 0.25-35	2	Removal		2/1/2025	NORGESTIMATE-ETHINYL ESTRADIOL TAB 0.25MG-35MCG	Tier 2
SPRYCEL TAB 80MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
SPRYCEL TAB 140MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
FENTANYL OT LOZ 600MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
FENTANYL OT LOZ 800MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
ZYPREXA RELP INJ 300MG	5	Removal		2/1/2025	RISPERIDONE ER INJ	Tier 4 / Tier 5
ZYPREXA RELP INJ 210MG	4	Removal		2/1/2025	RISPERIDONE ER INJ	Tier 4 / Tier 5
SELZENTRY TAB 75MG	5	Removal		2/1/2025	SELZENTRY SOL 20MG/ML	Tier 5

SELZENTRY TAB 25MG	4	Removal		2/1/2025	SELZENTRY SOL 20MG/ML	Tier 5
VRAYLAR CAP 1.5-3MG	4	Removal		2/1/2025	VRAYLAR CAP	Tier 5
SPRYCEL TAB 50MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
SPRYCEL TAB 20MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
SPRYCEL TAB 70MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
MICRGSTIN 24 TAB FE 1/20	3	Removal		2/1/2025	HAILEY 24 FE TAB 1-20 MG-MCG	Tier 3
ZYPREXA RELP INJ 405MG	5	Removal		2/1/2025	RISPERIDONE ER INJ	Tier 4 / Tier 5
DUPIXENT INJ 100/0.67	5	Removal		2/1/2025	DUPIXENT INJ 200MG/1.14ML	Tier 5
OPIPZA MIS 2MG	5	Addition	Prior Authorization; Quantity Limit (30 films every 30 days)	3/1/2025		
OPIPZA MIS 5MG	5	Addition	Prior Authorization; Quantity Limit (30 films every 30 days)	3/1/2025		
OPIPZA MIS 10MG	5	Addition	Prior Authorization; Quantity Limit (90 films every 30 days)	3/1/2025		
REVUFORJ TAB 110MG	5	Addition	Prior Authorization; Quantity Limit (120 tabs every 30 days)	3/1/2025		
REVUFORJ TAB 160MG	5	Addition	Prior Authorization; Quantity Limit (60 tabs every 30 days)	3/1/2025		
DANZITEN TAB 71MG	5	Addition	Prior Authorization; Quantity Limit (112 tabs every 28 days)	3/1/2025		
DANZITEN TAB 95MG	5	Addition	Prior Authorization; Quantity Limit (112 tabs every 28 days)	3/1/2025		
CEQUR SIMPL KIT PATCH 2U	4	Addition	Prior Authorization; Quantity Limit (10 patches every 30 days)	3/1/2025		

CEQUR SIMPL KIT PATCH 2U	4	Addition	Prior Authorization; Quantity Limit (8 patches every 24 days)	3/1/2025		
SIMPLICITY MIS INSERTER	4	Addition	Prior Authorization; Quantity Limit (2 inserters every year)	3/1/2025		
CYCLOPHOSPH INJ 500MG/ML	5	Addition	Prior Authorization	3/1/2025		
DOCIVYX INJ 20MG/2ML	5	Addition	Prior Authorization	3/1/2025		
DOCIVYX INJ 80MG/8ML	5	Addition	Prior Authorization	3/1/2025		
DOCIVYX INJ 160/16ML	5	Addition	Prior Authorization	3/1/2025		
IMKELDI SOL 80MG/ML	5	Addition	Prior Authorization; Quantity Limit (280 mL every 28 days)	3/1/2025		
MEMAN/DONEPZ CAP 28-10MG	4	Addition		3/1/2025		
MEMAN/DONEPZ CAP 14-10MG	4	Addition		3/1/2025		
MESNA TAB 400MG	5	Addition		3/1/2025		
TDVAX INJ 2-2 LF	1	Removal		3/1/2025	TENIVAC INJ 5-2LF	Tier 1
PREHEVBRIO SUS 10MCG/ML	1	Removal		3/1/2025	ENGERIX-B INJ; HEPLISAV-B INJ; RECOMBIVAX HB INJ	Tier 1
DROXIA CAP 200MG	3	Removal		3/1/2025	Consult Your Health Care Provider	
DROXIA CAP 300MG	3	Removal		3/1/2025	Consult Your Health Care Provider	
DROXIA CAP 400MG	3	Removal		3/1/2025	Consult Your Health Care Provider	
ALYFTREK TAB	5	Addition	Prior Authorization Required; Quantity Limit (56 tabs every 28 days)	4/1/2025		

ALYFTREK TAB 4-20-50	5	Addition	Prior Authorization Required; Quantity Limit (84 tabs every 28 days)	4/1/2025		
TOPIRAMATE CAP 50MG	2	Addition		4/1/2025		
LEVETIRACETA TAB 250MG	4	Addition	Quantity Limit (360 ea every 30 days)	4/1/2025		
SIKLOS TAB 100MG	4	Addition		4/1/2025		
SIKLOS TAB 1000MG	5	Addition		4/1/2025		
FRINDOVYX INJ 500MG/ML	5	Addition	Prior Authorization Required	5/1/2025		
FRINDOVYX INJ 1GM/2ML	5	Addition	Prior Authorization Required	5/1/2025		
FRINDOVYX INJ 2GM/4ML	5	Addition	Prior Authorization Required	5/1/2025		
VALTYA 1/50 TAB	3	Addition		5/1/2025		
FEIRZA TAB 1.5/30	2	Addition		5/1/2025		
FEIRZA TAB 1/20	2	Addition		5/1/2025		
XARAH FE TAB	3	Addition		5/1/2025		
MEMAN/DONEPZ CAP 21-10MG	4	Addition		5/1/2025		
LEUKERAN TAB 2MG	5	Addition		5/1/2025		
TABLOID TAB 40MG	5	Addition		5/1/2025		
VIVOTIF CAP EC	1	Addition		5/1/2025		
MERCAPTOPURI SUS 20MG/ML	5	Addition		5/1/2025		
RIVAROXABAN TAB 2.5MG	3	Addition	Quantity Limit (60 tabs every 30 days)	5/1/2025		
AMOX/K CLAV CHW 400MG	3	Removal		5/1/2025	AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML	Tier 3

NORETH/ETHIN CHW FE	3	Removal		5/1/2025	KAITLIB FE TAB CHEWABLE 0.8 MG-25MCG	Tier 3
ISOSORB MONO TAB 10MG	2	Removal		5/1/2025	ISOSORB MONONITRATE TAB ER	Tier 1
LEENA TAB	3	Removal		5/1/2025	ARANELLE TAB	Tier 3
ISOSORB MONO TAB 20MG	2	Removal		5/1/2025	ISOSORB MONONITRATE TAB ER	Tier 1
GOMEKLI CAP 1MG	5	Addition	Prior Authorization Required; Quantity Limit Required (168 caps every 28 days)	6/1/2025		
GOMEKLI TAB 1MG	5	Addition	Prior Authorization Required; Quantity Limit Required (168 tabs every 28 days)	6/1/2025		
GOMEKLI CAP 2MG	5	Addition	Prior Authorization Required; Quantity Limit Required (84 caps every 28 days)	6/1/2025		
ZERVIATE DRO 0.24%	4	Addition		6/1/2025		
RALDESYSOL 10MG/ML	4	Addition	Prior Authorization Required; Quantity Limit Required (1800 mL every 30 days)	6/1/2025		
CLINDAMYCIN INJ 300/2ML	3	Addition		6/1/2025		
CLINDAMYCIN INJ 600/4ML	3	Addition		6/1/2025		
XPOVIO PAK 40MG	5	Addition	Prior Authorization Required; Quantity Limit Required (16 tabs every 28 days)	6/1/2025		
CEFAZOL/DEXSOL 3GM	4	Addition		6/1/2025		

REVUFORJ TAB 25MG	5	Addition	Prior Authorization Required; Quantity Limit Required (240 tabs every 30 days)	6/1/2025		
GEMTESA TAB 75MG	4	Addition	Quantity Limit Required (30 tabs every 30 days)	6/1/2025		
TREMFYA CROH INJ 200/2ML	5	Addition	Prior Authorization Required; Quantity Limit Required (2 pens every 28 days)	6/1/2025		
VIVIMUSTA INJ 100/4ML	5	Addition	Prior Authorization Required	6/1/2025		
TICAGRELOR TAB 90MG	3	Addition		6/1/2025		
AMNESTEEM CAP 30MG	4	Addition	Prior Authorization Required	6/1/2025		
PYZCHIVA INJ 130/26ML	5	Addition	Prior Authorization Required	7/1/2025		
PYZCHIVA INJ 45/0.5ML	3	Addition	Prior Authorization Required; Quantity Limit Required (1 syringe every 28 days)	7/1/2025		
PYZCHIVA INJ 90MG/ML	5	Addition	Prior Authorization Required; Quantity Limit Required (1 syringe every 28 days)	7/1/2025		
ROMVIMZA CAP 14MG	5	Addition	Prior Authorization Required; Quantity Limit Required (8 caps every 28 days)	7/1/2025		
ROMVIMZA CAP 20MG	5	Addition	Prior Authorization Required; Quantity Limit Required (8 caps every 28 days)	7/1/2025		
ROMVIMZA CAP 30MG	5	Addition	Prior Authorization Required; Quantity Limit Required (8 caps every 28 days)	7/1/2025		
VIMKUNYA INJ 40/0.8ML	1	Addition		7/1/2025		

ABIRTEGA TAB 250MG	4	Addition	Prior Authorization Required; Quantity Limit Required (120 tabs every 30 days)	7/1/2025		
XELRIA FE CHW 0.4MG-35	3	Addition		7/1/2025		
YESINTEK INJ 130/26ML	3	Addition	Prior Authorization Required	7/1/2025		
YESINTEK INJ 45/0.5ML	3	Addition	Prior Authorization Required; Quantity Limit Required (1 vial every 28 days)	7/1/2025		
YESINTEK INJ 45/0.5ML	3	Addition	Prior Authorization Required; Quantity Limit Required (1 syringe every 28 days)	7/1/2025		
YESINTEK INJ 90MG/ML	5	Addition	Prior Authorization Required; Quantity Limit Required (1 syringe every 28 days)	7/1/2025		
SUNLENCA TAB 300MG	5	Addition		7/1/2025		
MORPHINE SUL INJ 2MG/ML	4	Addition	Prior Authorization Required	7/1/2025		
PAXLOVID PAK	2	Addition	Quantity Limit Required (22 tabs every 90 days)	7/1/2025		
NATACYN SUS 5% OP	4	Addition		7/1/2025		
TICAGRELOR TAB 60MG	3	Addition		7/1/2025		
LIBERVANT MIS 5MG	4	Removal		7/1/2025	VALTOCO LIQD	Tier 4
LIBERVANT MIS 10MG	4	Removal		7/1/2025	VALTOCO LIQD	Tier 4
LIBERVANT MIS 12.5MG	4	Removal		7/1/2025	VALTOCO LIQD	Tier 4
LIBERVANT MIS 15MG	4	Removal		7/1/2025	VALTOCO LIQD	Tier 4
LIBERVANT MIS 7.5MG	4	Removal		7/1/2025	VALTOCO LIQD	Tier 4
NORETH/ETHIN TAB 1.5/30	3	Removal		7/1/2025	MICROGESTIN TAB 1.5MG/30MCG	Tier 3

IVERMECTIN TAB 6MG	3	Addition	Prior Authorization Required; Quantity Limit (Amount: 10.0, Days: 90)	8/1/2025		
ESLICARBAZEP TAB 200MG	4	Addition	Quantity Limit (Amount: 30.0, Days: 30)	8/1/2025		
ESLICARBAZEP TAB 400MG	4	Addition	Quantity Limit (Amount: 30.0, Days: 30)	8/1/2025		
ESLICARBAZEP TAB 600MG	4	Addition	Quantity Limit (Amount: 60.0, Days: 30)	8/1/2025		
ESLICARBAZEP TAB 800MG	4	Addition	Quantity Limit (Amount: 60.0, Days: 30)	8/1/2025		
JAIMIESS TAB	3	Addition		8/1/2025		
DEXAMETH PHO INJ 10MG/ML	3	Addition		8/1/2025		
EDURANT PED TAB 2.5MG	5	Addition		8/1/2025		
NILOTINB HCL CAP 150MG	5	Addition	Prior Authorization Required; Quantity Limit (Amount: 112.0, Days: 28)	8/1/2025		
NILOTINB HCL CAP 200MG	5	Addition	Prior Authorization Required; Quantity Limit (Amount: 112.0, Days: 28)	8/1/2025		
NILOTINB HCL CAP 50MG	5	Addition	Prior Authorization Required; Quantity Limit (Amount: 120.0, Days: 30)	8/1/2025		
EMTRIC/RILPI TAB TENOF DF	5	Addition		8/1/2025		
ROSYRAH TAB	3	Addition		8/1/2025		
PERAMPANEL TAB 2MG	4	Addition	Prior Authorization Required; Quantity Limit (Amount: 60.0, Days: 30)	8/1/2025		

PERAMPANEL TAB 4MG	5	Addition	Prior Authorization Required; Quantity Limit (Amount: 30.0, Days: 30)	8/1/2025		
PERAMPANEL TAB 6MG	5	Addition	Prior Authorization Required; Quantity Limit (Amount: 30.0, Days: 30)	8/1/2025		
PERAMPANEL TAB 8MG	5	Addition	Prior Authorization Required; Quantity Limit (Amount: 30.0, Days: 30)	8/1/2025		
PERAMPANEL TAB 10MG	5	Addition	Prior Authorization Required; Quantity Limit (Amount: 30.0, Days: 30)	8/1/2025		
PERAMPANEL TAB 12MG	5	Addition	Prior Authorization Required; Quantity Limit (Amount: 30.0, Days: 30)	8/1/2025		
YONSA TAB 125MG	5	Addition	Prior Authorization Required; Quantity Limit (Amount: 120.0, Days: 30)	8/1/2025		
LOJAIMIESS TAB	3	Addition		8/1/2025		
KALETRA SOL	4	Addition		8/1/2025		
DESO/ETHINYL TAB ESTRADIO	3	Removal		8/1/2025	KARIVA TAB 0.15-0.02/0.01 MG (21/5)	Tier 3
WYOST INJ 120/1.7	5	Addition	Prior Authorization Required	9/1/2025		
AVMAPKI PAK FAKZYNJA	5	Addition	Prior Authorization Required; Quantity Limit Required (1 pack every 28 days)	9/1/2025		
YUTREPIA CAP 26.5MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (Amount: 140.0, Days: 28)	9/1/2025		

YUTREPIA CAP 53MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (Amount: 140.0, Days: 28)	9/1/2025		
YUTREPIA CAP 79.5MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (Amount: 140.0, Days: 28)	9/1/2025		
YUTREPIA CAP 106MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (224 caps every 28 days)	9/1/2025		
GALBRIELA CHW	3	Addition		9/1/2025		
BONSITY INJ 560/2.24	5	Addition	Prior Authorization Required	9/1/2025		
MELEYA TAB 0.35MG	2	Addition		9/1/2025		
ABIGALE TAB 1-0.5MG	3	Addition		9/1/2025		
MEROPENEM INJ 2GM	4	Addition		9/1/2025		
FANAPT PAK PACK C	4	Addition	Prior Authorization Required; Quantity Limit Required (2 packs every year)	9/1/2025		
TOPIRAMATE SOL 25MG/ML	4	Addition	Prior Authorization Required; Quantity Limit Required (480 mL every 30 days)	9/1/2025		
ORQUIDEA TAB 0.35MG	2	Addition		9/1/2025		
ABIGALE LO TAB 0.5-0.1	3	Addition		9/1/2025		
DESO/ETHINYL TAB ESTRADIO	3	Addition		9/1/2025		
EUTHYROX TAB 137MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
EUTHYROX TAB 175MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
EUTHYROX TAB 200MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1

LEVONOR/ETHI TAB ESTRADIO	3	Removal		9/1/2025	RIVELSA TAB; ROSYRAH TAB	Tier 2
TRIVORA-28 TAB	2	Removal		9/1/2025	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.05-30/0.075-40/0.125-30MG-MCG; ENPRESSE-28 TAB; LEVONEST TAB	Tier 2
EUTHYROX TAB 50MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
EUTHYROX TAB 75MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
EUTHYROX TAB 88MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
EUTHYROX TAB 100MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
EUTHYROX TAB 25MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
EUTHYROX TAB 125MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
EUTHYROX TAB 112MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
EUTHYROX TAB 150MCG	1	Removal		9/1/2025	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1
SACUB/VALSAR TAB 24-26MG	3	Addition	Quantity Limit Required (60 tabs every 30 days)	10/1/2025		
SACUB/VALSAR TAB 49-51MG	3	Addition	Quantity Limit Required (60 tabs every 30 days)	10/1/2025		
SACUB/VALSAR TAB 97-103MG	3	Addition	Quantity Limit Required (60 tabs every 30 days)	10/1/2025		
IBTROZI CAP 200MG	5	Addition	Prior Authorization Required; Quantity Limit Required (90 caps every 30 days)	10/1/2025		

PYZCHIVA INJ 45/0.5ML	5	Addition	Prior Authorization Required; Quantity Limit Required (1 vial every 28 days)	10/1/2025		
RIVAROXABAN SUS 1MG/ML	3	Addition	Quantity Limit Required (620 mL every 30 days)	10/1/2025		
PENMENVY INJ	1	Addition		10/1/2025		
KERENDIA TAB 40MG	3	Addition	Quantity Limit Required (30 tabs every 30 days)	10/1/2025		
FIDAXOMICIN TAB 200MG	5	Addition		10/1/2025		
NORETH/ETHIN TAB 1.5/30	3	Addition		10/1/2025		
ZYPREXA RELP INJ 210MG	4	Addition	Prior Authorization Required; Quantity Limit Required (2 vials every 28 days)	10/1/2025		
ZYPREXA RELP INJ 300MG	5	Addition	Prior Authorization Required; Quantity Limit Required (2 vials every 28 days)	10/1/2025		
ZYPREXA RELP INJ 405MG	5	Addition	Prior Authorization Required; Quantity Limit Required (1 vial every 28 days)	10/1/2025		
ERZOFRI INJ 39/0.25	4	Addition	Quantity Limit Required (1 syringe every 28 days)	10/1/2025		
ERZOFRI INJ 78/0.5ML	5	Addition	Quantity Limit Required (1 syringe every 28 days)	10/1/2025		
ERZOFRI INJ 117/0.75	5	Addition	Quantity Limit Required (1 syringe every 28 days)	10/1/2025		
ERZOFRI INJ 156MG/ML	5	Addition	Quantity Limit Required (1 syringe every 28 days)	10/1/2025		
ERZOFRI INJ 234/1.5	5	Addition	Quantity Limit Required (1 syringe every 28 days)	10/1/2025		

ERZOFRI INJ 351/2.25	5	Addition	Quantity Limit Required (2 syringes every year)	10/1/2025		
BOSENTAN TAB 32MG	5	Addition	Prior Authorization Required; Quantity Limit Required (120 tabs every 30 days)	10/1/2025		
BRONCHITOL CAP 40MG	5	Removal		10/1/2025	Consult Your Health Care Provider	
REGRANEX GEL 0.01%	5	Removal		10/1/2025	Consult Your Health Care Provider	
ENTRESTO TAB 24-26MG	3	Removal		10/1/2025	SACUBITRIL-VALSARTAN TAB	Tier 3
ENTRESTO TAB 49-51MG	3	Removal		10/1/2025	SACUBITRIL-VALSARTAN TAB	Tier 3
ENTRESTO TAB 97-103MG	3	Removal		10/1/2025	SACUBITRIL-VALSARTAN TAB	Tier 3
IXCHIQ INJ	1	Removal		10/1/2025	VIMKUNYA INJ 40MCG/0.8ML	Tier 1
NORETH/ETHIN TAB FE 1/20	2	Removal		10/1/2025	MICROGESTIN TAB FE 1/20; AUROVELA FE TAB 1/20; LARIN FE TAB 1/20; LOESTRIN FE TAB 1/20; TARINA FE TAB 1/20 EQ; FEIRZA TAB 1/20; JUNEL FE TAB 1/20	Tier 2
NORETH/ETHIN TAB FE	3	Removal		10/1/2025	XARAH FE TAB; TRI-LEGEST FE TAB; XARAH FE TAB	Tier 3
TRECATOR TAB 250MG	4	Removal		10/1/2025	Consult Your Health Care Provider	
CALQUENCE CAP 100MG	5	Removal		10/1/2025	CALQUENCE TAB 100MG	Tier 5
FANAPT PAK PACK B	4	Addition	Prior Authorization Required; Quantity Limit Required (2 packs every year)	11/1/2025		

PYZCHIVA INJ 45/0.5ML	3	Addition	Prior Authorization Required; Quantity Limit Required (1 pen every 28 days)	11/1/2025		
PYZCHIVA INJ 90MG/ML	5	Addition	Prior Authorization Required; Quantity Limit Required (1 pen every 28 days)	11/1/2025		
PREZCOBIX TAB 675/150	5	Addition		11/1/2025		
UPTRAVI TAB 200MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (140 tabs every 28 days)	11/1/2025		
UPTRAVI TAB 400MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	11/1/2025		
UPTRAVI TAB 600MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	11/1/2025		
UPTRAVI TAB 800MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	11/1/2025		
UPTRAVI TAB 1000MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	11/1/2025		
UPTRAVI TAB 1200MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	11/1/2025		
UPTRAVI TAB 1400MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	11/1/2025		
UPTRAVI TAB 1600MCG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	11/1/2025		

UPTRAVI PACK TAB 200/800	5	Addition	Prior Authorization Required; Quantity Limit Required (1 pack every 28 days)	11/1/2025		
ADEMPAS TAB 0.5MG	5	Addition	Prior Authorization Required; Quantity Limit Required (90 tabs every 30 days)	11/1/2025		
ADEMPAS TAB 1MG	5	Addition	Prior Authorization Required; Quantity Limit Required (90 tabs every 30 days)	11/1/2025		
ADEMPAS TAB 1.5MG	5	Addition	Prior Authorization Required; Quantity Limit Required (90 tabs every 30 days)	11/1/2025		
ADEMPAS TAB 2MG	5	Addition	Prior Authorization Required; Quantity Limit Required (90 tabs every 30 days)	11/1/2025		
ADEMPAS TAB 2.5MG	5	Addition	Prior Authorization Required; Quantity Limit Required (90 tabs every 30 days)	11/1/2025		
BRUKINSA TAB 160MG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	11/1/2025		
LEVONOR/ETHI TAB ESTRADIO	3	Addition		11/1/2025		
MAGNESIUM SU INJ 50%	3	Addition		11/1/2025		
ZELVYSIA POW 100MG	5	Addition	Prior Authorization Required	11/1/2025		
ZELVYSIA POW 500MG	5	Addition	Prior Authorization Required	11/1/2025		
LUIZZA 1/20 TAB	3	Addition		11/1/2025		
LUIZZA TAB 1.5/30	3	Addition		11/1/2025		
PYZCHIVA INJ 45/0.5ML	3	Addition	Prior Authorization Required; Quantity Limit Required (1 vial every 28 days)	11/1/2025		

TREMFYA INJ 100MG/ML	5	Addition	Prior Authorization Required; Quantity Limit Required (1 pen every 28 days)	11/1/2025		
IDACIO 2-SYR INJ 40/0.8ML	5	Removal		11/1/2025	ADALIMUMAB-AACF (2-SYRINGE) INJ KIT 40 MG/0.8ML; HUMIRA INJ	Tier 5
REPATHA PUSH INJ 420/3.5	3	Removal		11/1/2025	REPATHA SURECLICK INJ 140MG/ML; REPATHA INJ 140MG/ML	Tier 3
ABELCET INJ 5MG/ML	4	Removal		11/1/2025	AMPHOTERICIN B LIPOSOME IV FOR SUSP 50 MG	Tier 5
ETHYNODIOL TAB 1-50	3	Removal		11/1/2025	VALTYA 1/50 TAB 1 MG-50 MCG	Tier 3
MODEYSO CAP 125MG	5	Addition	PA required; Quantity Limit Required (20 caps every 28 days)	12/1/2025		
HERNEXEOS TAB 60MG	5	Addition	PA required; Quantity Limit Required (120 tabs every 30 days)	12/1/2025		
DROXIA CAP 200MG	4	Addition		12/1/2025		
DROXIA CAP 300MG	4	Addition		12/1/2025		
DROXIA CAP 400MG	4	Addition		12/1/2025		
KLOXXADO SPR 8MG	3	Addition		12/1/2025		
VALTYA 1/35 TAB	2	Addition		12/1/2025		