VIVA Medicare

IMPORTANT 2023 5-TIER SNP FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
AUVELITY TAB 45-105MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tablets every 30 days)	02/01/2023		
FINGOLIMOD CAP 0.5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 capsules every 28 days)	02/01/2023		
FINZALA CHW FE 1/20	4	Formulary Addition		02/01/2023		
GLEOSTINE CAP 100MG	5	Formulary Addition		02/01/2023		
GLEOSTINE CAP 10MG	4	Formulary Addition		02/01/2023		
GLEOSTINE CAP 40MG	4	Formulary Addition		02/01/2023		
IMBRUVICA SUS 70MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (216 mL every 27 days)	02/01/2023		
INVEGA HAFYE INJ 1092MG	5	Formulary Addition	Quantity Limit (1 injection every 180 days)	02/01/2023		
INVEGA HAFYE INJ 1560MG	5	Formulary Addition	Quantity Limit (1 injection every 180 days)	02/01/2023		
INVEGA TRINZ INJ 273MG	5	Formulary Addition	Quantity Limit (1 syringe every 90 days)	02/01/2023		
INVEGA TRINZ INJ 410MG	5	Formulary Addition	Quantity Limit (1 syringe every 90 days)	02/01/2023		
INVEGA TRINZ INJ 546MG	5	Formulary Addition	Quantity Limit (1 syringe every 90 days)	02/01/2023		
INVEGA TRINZ INJ 819MG	5	Formulary Addition	Quantity Limit (1 syringe every 90 days)	02/01/2023		

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Revised November 17, 2023

JAVYGTOR PAK 100MG	5	Formulary Addition	Prior Authorization Required	02/01/2023		
JAVYGTOR POW 500MG	5	Formulary Addition	Prior Authorization Required	02/01/2023		
JAVYGTOR TAB 100MG	5	Formulary Addition	Prior Authorization Required	02/01/2023		
MENVEO SOL	3	Formulary Addition		02/01/2023		
MORPHIN/NACL INJ 30/30ML	4	Formulary Addition	Prior Authorization Required	02/01/2023		
NORETH/ETHIN TAB FE	4	Formulary Addition		02/01/2023		
ORKAMBI GRA 75-94MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packs every 28 days)	02/01/2023		
PIRFENIDONE TAB 534MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (90 tablets every 30 days)	02/01/2023		
POT CHL/NACL INJ 20MEQ/L	3	Formulary Addition		02/01/2023		
POT CHL/NACL INJ 20MEQ/L	4	Formulary Addition		02/01/2023		
POT CHL/NACL INJ 40MEQ/L	4	Formulary Addition		02/01/2023		
RISPERDAL INJ 12.5MG	4	Formulary Addition	Quantity Limit (2 injections every 28 days)	02/01/2023		
RISPERDAL INJ 25MG	4	Formulary Addition	Quantity Limit (2 injections every 28 days)	02/01/2023		
RISPERDAL INJ 37.5MG	5	Formulary Addition	Quantity Limit (2 injections every 28 days)	02/01/2023		
RISPERDAL INJ 50MG	5	Formulary Addition	Quantity Limit (2 injections every 28 days)	02/01/2023		

ROFLUMILAST TAB 250MCG	3	Formulary Addition		02/01/2023		
ROFLUMILAST TAB 500MCG	3	Formulary Addition		02/01/2023		
THEOPHYLLINE ELX 80/15ML	4	Formulary Addition		02/01/2023		
TRIMETHOPRIM TAB 100MG	3	Formulary Addition		02/01/2023		
TYRVAYA SOL 0.03MG	4	Formulary Addition		02/01/2023		
ZONISADE SUS 100MG/5	4	Formulary Addition	Prior Authorization Required, Quantity Limit (900 mL every 30 days)	02/01/2023		
LARISSIA TAB	2	Formulary Deletion		02/01/2023	AVIANE TAB	Tier 2
OMNIPOD 5 G6 MIS PODS	4	Quantity Limit Change		02/01/2023		
OZEMPIC INJ 2MG/3ML	3	Formulary Addition	Quantity Limit (1 pen every 28 days)	03/01/2023		
SKYRIZI INJ 180/1.2	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 cartridge every 56 days)	03/01/2023		
TASIMELTEON CAP 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	03/01/2023		
PIRFENIDONE CAP 267MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (270 caps every 30 days)	03/01/2023		
PRENATAL VIT TAB LOW IRON	3	Formulary Deletion		03/01/2023	PRENATAL TAB 27-1MG	Tier 3
ROSADAN CRE 0.75%	4	Formulary Deletion		03/01/2023	METRONIDAZOLE CREAM 0.75%	Tier 4

PASER GRA 4GM	4	Formulary Deletion		03/01/2023	Consult Your Health Care Provider	
VEMLIDY TAB 25MG	5	Prior Authorization Removed		03/01/2023		
EPINEPHRINE INJ 1 MG/ML	4	Formulary Addition		04/01/2023		
GABAPENTIN SOL 300/6ML	3	Formulary Addition	Quantity Limit (2160 mL every 30 days)	04/01/2023		
HEPLISAV-B INJ 20/0.5ML	3	Formulary Addition	Prior Authorization Required	04/01/2023		
IBU TAB 400MG	1	Formulary Addition		04/01/2023		
KRAZATI TAB 200MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
LYTGOBI TAB 4MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
LYTGOBI TAB 4MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
LYTGOBI TAB 4MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
REZLIDHIA CAP 150MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
ROTARIX SUS	3	Formulary Addition		04/01/2023		
SOD OXYBATE SOL 500MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (540 mL every 30 days)	04/01/2023		
SUNLENCA TAB 300MG	5	Formulary Addition		04/01/2023		
SUNLENCA TAB 300MG	5	Formulary Addition		04/01/2023		

TURALIO CAP 125MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
ELLA TAB 30MG	3	Formulary Deletion		04/01/2023	Consult Your Health Care Provider	
NORVIR SOL 80MG/ML	4	Formulary Deletion		04/01/2023	NORVIR PACKET 100MG	Tier 4
DAYVIGO TAB 10MG	3	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		
DAYVIGO TAB 5MG	3	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		
ERLEADA TAB 240MG	5	Formulary Addition		05/01/2023		
ESTRAD VAL INJ 10MG/ML	4	Formulary Addition	Prior Authorization Required	05/01/2023		
EYSUVIS DRO 0.25%	4	Formulary Addition		05/01/2023		
JAYPIRCA TAB 100MG	5	Formulary Addition		05/01/2023		
JAYPIRCA TAB 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tablets every 30 days)	05/01/2023		
LEVEMIR INJ FLEXTOUC	3	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	05/01/2023		
LUMAKRAS TAB 320MG	5	Formulary Addition	Prior Authorization Required	05/01/2023		
LURASIDONE TAB 120MG	4	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		
LURASIDONE TAB 20MG	4	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		
LURASIDONE TAB 40MG	4	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		

LURASIDONE TAB 60MG	4	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		
LURASIDONE TAB 80MG	4	Formulary Addition	Quantity Limit (60 tablets every 30 days)	05/01/2023		
NEO-POLYCIN OIN HC 1%OP	3	Formulary Addition		05/01/2023		
NEO-POLYCIN OIN OP	3	Formulary Addition		05/01/2023		
ORSERDU TAB 345MG	5	Formulary Addition	Prior Authorization Required	05/01/2023		
ORSERDU TAB 86MG	5	Formulary Addition	Prior Authorization Required	05/01/2023		
POLYCIN OIN OP	2	Formulary Addition		05/01/2023		
ROCKLATAN DRO	4	Formulary Addition		05/01/2023		
DALIRESP TAB 250MCG	4	Formulary Deletion		05/01/2023	ROFLUMILAST TAB	Tier 3
DALIRESP TAB 500MCG	4	Formulary Deletion		05/01/2023	ROFLUMILAST TAB	Tier 3
ESBRIET CAP 267MG	5	Formulary Deletion		05/01/2023	PIRFENIDONE CAP 267 MG	Tier 5
GILENYA CAP 0.5MG	5	Formulary Deletion		05/01/2023	FINGOLIMOD CAP 0.5MG	Tier 5
HETLIOZ CAP 20MG	5	Formulary Deletion		05/01/2023	TASIMELTEON CAP 20MG	Tier 5
HEP SOD/NACL INJ 12500UNT	3	Formulary Addition		06/01/2023		
CEFAZOLIN INJ 2GM	4	Formulary Addition		06/01/2023		
CEFAZOLIN INJ 3GM	4	Formulary Addition		06/01/2023		

POSACONAZOLE SUS 40MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (630 mL every 30 days)	06/01/2023		
DEPO-TESTOST INJ 100MG/ML	3	Formulary Addition		06/01/2023		
DEPO-TESTOST INJ 200MG/ML	3	Formulary Addition		06/01/2023		
SILDENAFIL TAB 20MG	3	Quantity Limit Change	Quantity Limit (360 tabs every 30 days)	06/01/2023		
CAPTOPR/HCTZ TAB 25-15MG	1	Formulary Addition		07/01/2023		
CAPTOPR/HCTZ TAB 25-25MG	1	Formulary Addition		07/01/2023		
CAPTOPR/HCTZ TAB 50-15MG	1	Formulary Addition		07/01/2023		
CAPTOPR/HCTZ TAB 50-25MG	1	Formulary Addition		07/01/2023		
PRIMIDONE TAB 125MG	2	Formulary Addition		07/01/2023		
LUPRON DEPOT INJ PED 6MON	5	Formulary Addition	Prior Authorization Required	07/01/2023		
GEFITINIB TAB 250MG	5	Formulary Addition	Prior Authorization Required	07/01/2023		
OMNIPOD GO KIT 10UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 15UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 20UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		

OMNIPOD GO KIT 30UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 40UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 25UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 35UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
METHSUXIMIDE CAP 300MG	4	Formulary Addition		07/01/2023		
MYORISAN CAP 10MG	4	Formulary Deletion		07/01/2023	CLARAVIS CAP	Tier 4
MYORISAN CAP 40MG	4	Formulary Deletion		07/01/2023	CLARAVIS CAP	Tier 4
MYORISAN CAP 20MG	4	Formulary Deletion		07/01/2023	CLARAVIS CAP	Tier 4
CALCITRIOL INJ 1MCG/ML	4	Formulary Deletion		07/01/2023	CALCITRIOL SOL 1MCG/ML	Tier 4
AVITA GEL 0.025%	4	Formulary Deletion		07/01/2023	TRETINOIN GEL 0.025%	Tier 4
LIDOCAINE GEL 2% JELLY	4	Formulary Deletion		07/01/2023	GLYDO GEL 2%	Tier 4
MYORISAN CAP 30MG	4	Formulary Deletion		07/01/2023	CLARAVIS CAP	Tier 4
SYMBICORT AER 80-4.5	3	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	07/01/2023		
SYMBICORT AER 160-4.5	3	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	07/01/2023		

AUSTEDO XR TAB 12MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (120 tabs every 30 days)	08/01/2023		
AUSTEDO XR TAB 24MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	08/01/2023		
AUSTEDO XR TAB 6MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (90 tabs every 30 days)	08/01/2023		
DARUNAVIR TAB 600MG	5	Formulary Addition	Quantity Limit (60 tabs every 30 days)	08/01/2023		
DARUNAVIR TAB 800MG	5	Formulary Addition	Quantity Limit (30 tabs every 30 days)	08/01/2023		
KALYDECO GRA 13.4MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packs every 28 days)	08/01/2023		
KCL/D5W/NACL INJ 0.3/0.9%	4	Formulary Addition		08/01/2023		
LACTULOSE SOL 10GM/15	3	Formulary Addition		08/01/2023		
MEKINIST SOL 0.05/ML	5	Formulary Addition	Prior Authorization Required	08/01/2023		
STELARA INJ 45MG/0.5	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 vial every 28 days)	08/01/2023		
STELARA INJ 45MG/0.5	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 28 days)	08/01/2023		
STELARA INJ 5MG/ML	5	Formulary Addition	Prior Authorization Required	08/01/2023		

STELARA INJ 90MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 28 days)	08/01/2023		
TAFINLAR TAB 10MG	5	Formulary Addition	Prior Authorization Required	08/01/2023		
TRIKAFTA PAK 59.5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packs every 28 days)	08/01/2023		
TRIKAFTA PAK 75MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packs every 28 days)	08/01/2023		
KCL/D5W/NACL INJ	3	Tier Change	Tier 4 to Tier 3	08/01/2023		
KYNMOBI MIS 10MG	5	Formulary Deletion		08/01/2023	Consult Your Health Care Provider	
KYNMOBI MIS 15MG	5	Formulary Deletion		08/01/2023	Consult Your Health Care Provider	
KYNMOBI MIS 20MG	5	Formulary Deletion		08/01/2023	Consult Your Health Care Provider	
KYNMOBI MIS 25MG	5	Formulary Deletion		08/01/2023	Consult Your Health Care Provider	
KYNMOBI MIS 30MG	5	Formulary Deletion		08/01/2023	Consult Your Health Care Provider	
LEVO-T TAB 100MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 112MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 125MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 137MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1

LEVO-T TAB 150MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 175MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 200 MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 25MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 300 MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 50MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 75MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 88MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
PROCALAMINE INJ 3%	4	Formulary Deletion		08/01/2023	CLINIMIX INJ 4.25/D5W	Tier 4
INBRIJA CAP 42MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (300 caps every 30 days)	09/01/2023		
MIBELAS 24 CHW FE	4	Formulary Addition		09/01/2023		
MULT ELECTRO INJ PH 5.5	4	Formulary Addition		09/01/2023		
MULT ELECTRO INJ PH 7.4	4	Formulary Addition		09/01/2023		
NITISINONE CAP 20MG	5	Formulary Addition	Prior Authorization Required	09/01/2023		
TALZENNA CAP 0.1MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	09/01/2023		

TALZENNA CAP 0.35MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	09/01/2023		
ZEJULA TAB 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	09/01/2023		
ZEJULA TAB 200MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	09/01/2023		
ZEJULA TAB 300MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	09/01/2023		
TOPOSAR INJ 100/5ML	3	Formulary Deletion		09/01/2023	ETOPOSIDE INJ 20MG/ML	Tier 3
TOPOSAR INJ 1GM/50ML	3	Formulary Deletion		09/01/2023	ETOPOSIDE INJ 1GM/50ML	Tier 3
SYNERCID INJ 500MG	5	Formulary Deletion		09/01/2023	Consult Your Health Care Provider	
RINVOQ TAB 45MG ER	5	Quantity Limit Change	Quantity Limit (168 tabs every year)	09/01/2023		
AUSTEDO XR TAB TITR KIT	5	Formulary Addition	Prior Authorization Required, Quantity Limit (2 packs every year)	10/1/2023		
VIGADRONE TAB 500MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (180 tabs every 30 days)	10/1/2023		
CYCLOPHOSPHA INJ 2GM/4ML	5	Formulary Addition	Prior Authorization Required	10/1/2023		
ABRYSVO INJ	3	Formulary Addition		10/1/2023		
AREXVY INJ 120MCG	3	Formulary Addition		10/1/2023		

LEVO-T TAB 25MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 50MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 75MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 88MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 100MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 112MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 125MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 137MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 150MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 175MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 200 MCG	1	Formulary Addition		10/1/2023		
LEVO-T TAB 300 MCG	1	Formulary Addition		10/1/2023		
POT CHLORIDE INJ 20MEQ	4	Formulary Addition		10/1/2023		
JENTADUETO TAB 2.5-850	3	Formulary Addition	Quantity Limit (60 tabs every 30 days)	10/1/2023		
HALOETTE MIS	4	Formulary Addition		10/1/2023		

FREAMINE III INJ 10%	4	Formulary Deletion		10/1/2023	TROPHAMINE INJ 10%, TRAVASOL INJ 10%	Tier 4
STAVUDINE CAP 15MG	4	Formulary Deletion		10/1/2023	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 3
STAVUDINE CAP 20MG	4	Formulary Deletion		10/1/2023	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 3
STAVUDINE CAP 30MG	4	Formulary Deletion		10/1/2023	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 3
STAVUDINE CAP 40MG	4	Formulary Deletion		10/1/2023	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 3
CAPLYTA CAP 10.5MG	4	Formulary Change	Prior Authorization no longer required	10/1/2023		
CAPLYTA CAP 21MG	4	Formulary Change	Prior Authorization no longer required	10/1/2023		
CAPLYTA CAP 42MG	4	Formulary Change	Prior Authorization no longer required	10/1/2023		
VANFLYTA TAB 17.7MG	5	Formulary Addition	Prior Authorization Required	11/1/2023		
VANFLYTA TAB 26.5MG	5	Formulary Addition	Prior Authorization Required	11/1/2023		
FIASP PMPCRT INJ U-100	3	Formulary Addition	Prior Authorization Required	11/1/2023		
THEOPHYLLINE TAB 100MG ER	4	Formulary Addition		11/1/2023		
THEOPHYLLINE TAB 200MG ER	4	Formulary Addition		11/1/2023		
BRIMONIDINE SOL 0.1%	3	Formulary Addition		11/1/2023		

ENILLORING MIS	4	Formulary Addition		11/1/2023		
OXANDROLONE TAB 2.5MG	3	Formulary Deletion		11/1/2023	Consult Your Health Care Provider	
AVITA CRE 0.025%	4	Formulary Deletion		11/1/2023	TRETINOIN CREAM 0.025%	Tier 4
NEVIRAPINE TAB 100MG	4	Formulary Deletion		11/1/2023	NEVIRAPINE TAB 400MG ER	Tier 4
ISOPTO ATROP SOL 1% OP	3	Formulary Deletion		11/1/2023	ATROPINE SULFATE OPHTH SOLN 1%	Tier 3
OXANDROLONE TAB 10MG	4	Formulary Deletion		11/1/2023	Consult Your Health Care Provider	
LITHIUM SOL 8MEQ/5ML	4	Formulary Addition		12/1/2023		
BREO ELLIPTA INH 50-25MCG	3	Formulary Addition	Quantity Limit (60 blisters every 30 days)	12/1/2023		
PHENYTEK CAP 200MG	2	Tier Change	Tier Change from Tier 4 to Tier 2	12/1/2023		
PHENYTEK CAP 300MG	2	Tier Change	Tier Change from Tier 4 to Tier 2	12/1/2023		
CEFTAZIDIME/ SOL D5W 1GM	4	Formulary Deletion		12/1/2023	CEFTAZIDIME INJ	Tier 4
TRICARE TAB PRENATAL	3	Formulary Deletion		12/1/2023	PRENATAL TAB 27-1MG; M-NATAL PLUS TAB	Tier 3
CEFACLOR SUS 125/5ML	4	Formulary Deletion		12/1/2023	CEFACLOR SUS 250MG/5ML	Tier 4
CEFACLOR SUS 375/5ML	4	Formulary Deletion		12/1/2023	CEFACLOR SUS 250MG/5ML	Tier 4
CEFTAZIDIME/ SOL D5W 2GM	4	Formulary Deletion		12/1/2023	CEFTAZIDIME INJ	Tier 4

LILLOW TAB 0.15/30	3	Formulary Deletion		12/1/2023	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.15-30 MG-MCG	Tier 3