

Quartz Medicare Advantage (HMO)



2025 Formulary & criteria changes

The chart below shows the changes in the Quartz Medicare Advantage (HMO) formulary (covered drug list) and prior authorization criteria since December 31, 2024. For Medicare Part B drug changes, see the table on page 126.

PA: Prior Authorization, **ST:** Step Therapy, **QL:** Quantity Limit

Last updated 2/28/2025

Drug name	Change	Effective date
AIMOVIG PA CRITERIA (PART D)	Updated criteria to change the trial and failure requirement language to specify medications available and categorize by mechanism of action, instead of by drug class	3/1/2025
AUGTYRO PA CRITERIA (PART D)	Updated criteria to add new FDA-approved indication of solid tumors	3/1/2025
COSENTYX IV PA CRITERIA (PART D)	Updated criteria to remove mention of products that are not on the 2025 formulary (e.g., Skyrizi & Rinvoq).	3/1/2025
EMGALITY PA CRITERIA (PART D)	Updated criteria to change the trial and failure requirement language to specify medications available and categorize by mechanism of action, instead of by class	3/1/2025
ENDARI PA CRITERIA (PART D)	Updated criteria to remove specialist requirement	3/1/2025
FASENRA PA CRITERIA (PART D)	Updated criteria to add the new indication of eosinophilic granulomatosis with polyangiitis (EGPA).	3/1/2025
FENTANYL PA CRITERIA (PART D)	Updated criteria to add oral hydrocodone as an option for opioid tolerant doses.	3/1/2025
GLEEVEC PA CRITERIA (PART D)	Updated criteria to remove requirement that myelodysplastic syndrome (MDS)/myeloproliferative disease (MPD) is associated with PDGFR gene rearrangements.	3/1/2025

Drug name	Change	Effective date
JYLAMVO PA CRITERIA (PART D)	Updated criteria to include Part B vs D determination as this is an oral methotrexate product that can be covered under Part B benefit (cancer treatment). Criteria updated so members and providers are aware this may be covered under Part B.	3/1/2025
KRAZATI PA CRITERIA (PART D)	Updated criteria to add criteria for the new indication of colorectal cancer.	3/1/2025
LENVIMA PA CRITERIA (PART D)	Updated criteria to update endometrial carcinoma indication as follows: addition of text in brackets to align more closely to FDA label and to clarify the criterion in relation to mismatch repair proficiency/deficiency.	3/1/2025
LIVMARLI PA CRITERIA (PART D)	Updated criteria to update age criterion for Progressive Familial Intrahepatic Cholestasis (PFIC).	3/1/2025
LUMAKRAS PA CRITERIA (PART D)	Updated criteria to expand verbiage "Tumor is KRAS G12C-mutated" to allow for and replaced by "Presence of KRAS G12C- mutation."	3/1/2025
LYNPARZA PA CRITERIA (PART D)	Updated criteria to remove BRCA-mutated metastatic castration-resistant prostate cancer criteria to streamline criteria and just require diagnosis.	3/1/2025
LYTGOBI PA CRITERIA (PART D)	Updated criteria to remove the prescriber requirement.	3/1/2025
MIGRANAL PA CRITERIA (PART D)	Updated criteria to remove the prescriber requirement.	3/1/2025
NUCALA PA CRITERIA (PART D)	P&T approved enhancement to add a bypass for contraindication/ intolerance to corticosteroid therapy for EGPA indication.	3/1/2025
QULIPTA PA CRITERIA (PART D)	Updated criteria to update the trial and failure requirement language to specify options available and categorize by mechanism of action, instead of class.	3/1/2025
ROZLYTREK PA CRITERIA (PART D)	Updated criteria to clarify criteria. No changes to clinical intent.	3/1/2025

Drug name	Change	Effective date
SANDOSTATIN PA CRITERIA (PART D)	Updated criteria to remove examples of positive clinical response to therapy in reauthorization.	3/1/2025
SPEVIGO PA CRITERIA (PART D)	Updated criteria to remove "on non-acral skin" requirement from diagnostic criterion.	3/1/2025
TAGRISSEO PA CRITERIA (PART D)	Updated criteria to add criteria for the new FDA-approved indication of locally advanced, unresectable (stage III) non-small cell lung cancer.	3/1/2025
VEOSAH PA CRITERIA (PART D)	Updated criteria to add criteria based on new FDA safety communication for hepatotoxicity and update reauthorization verbiage from "documentation of" to "patient demonstrates" positive clinical response to therapy.	3/1/2025
XATMEP PA CRITERIA (PART D)	Updated criteria to include Part B vs D determination as this is an oral methotrexate product that can be covered under Part B benefit (cancer treatment). Criteria updated so members and providers are aware this may be covered under Part B.	3/1/2025
ZAVESCA PA CRITERIA (PART D)	Updated criteria to add criteria to support the off-label use of miglustat for the treatment of neurological manifestations of Niemann-Pick disease type C (NPC) in combination with Miplyffa as per Miplyffa FDA labelling.	3/1/2025
ABACAVIR TAB 300MG	Change to Tier 3 (Preferred Brand), QL	2/1/2025
LAMIVUDINE TAB 150MG	Change to Tier 3 (Preferred Brand), QL	2/1/2025
LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	Change to Tier 3 (Preferred Brand), QL	2/1/2025
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	Change to Tier 3 (Preferred Brand), QL	2/1/2025
LEVETIRACETA 250MG TAB FOR ORAL SUSPENSION	Add to Tier 4 (Nonpreferred Drug)	2/1/2025
MEMAN/DONEPZ CAP 14-10MG	Add to Tier 3 (Preferred Brand), ST, QL	2/1/2025

Drug name	Change	Effective date
MEMAN/DONEPZ CAP 28-10MG	Add to Tier 3 (Preferred Brand), ST, QL	2/1/2025
MESNA TAB 400MG	Add to Tier 5 (Specialty)	2/1/2025
PREVYMIS PAK 120MG	Add to Tier 5 (Specialty)	2/1/2025
PREVYMIS PAK 20MG	Add to Tier 4 (Nonpreferred Drug)	2/1/2025
TOPIRAMATE CAP 50MG	Add to Tier 3 (Preferred Brand)	2/1/2025

Quartz Medicare Advantage (HMO)

2025 Formulary & criteria changes



The chart below shows the changes in the Quartz Medicare Advantage (HMO) formulary (covered drug list) and prior authorization criteria since December 31, 2024. For Medicare Part B drug changes, see the table on page 120.

PA: Prior Authorization, **ST:** Step Therapy, **QL:** Quantity Limit

Drug name	Change	Effective date
AIRSUPRA AER 90-80MCG	Add to Tier 3 (Preferred Brand), QL	2/1/2025
COBENFY 20 MG / 50 MG CAPSULE	Add to Tier 5 (Specialty), PA, QL	2/1/2025
COBENFY 20 MG / 100 MG CAPSULE	Add to Tier 5 (Specialty), PA, QL	2/1/2025
COBENFY 30 MG / 125 MG CAPSULE	Add to Tier 5 (Specialty), PA, QL	2/1/2025
COBENFY STARTER PACK	Add to Tier 5 (Specialty), PA, QL	2/1/2025
IMKELDI SOL 80MG/ML	Add to Tier 5 (Specialty), PA	2/1/2025
PRUCALOPRIDE TAB 1MG	Add to Tier 3 (Preferred Brand), QL	2/1/2025
PRUCALOPRIDE TAB 2MG	Add to Tier 3 (Preferred Brand), QL	2/1/2025
SPRYCEL TAB 20MG	Remove from formulary; generic is covered	2/1/2025
SPRYCEL TAB 50MG	Remove from formulary; generic is covered	2/1/2025
SPRYCEL TAB 70MG	Remove from formulary; generic is covered	2/1/2025
SPRYCEL TAB 100MG	Remove from formulary; generic is covered	2/1/2025
SPRYCEL TAB 140MG	Remove from formulary; generic is covered	2/1/2025
SPRYCEL TAB 80MG	Remove from formulary; generic is covered	2/1/2025
DUPIXENT PA CRITERIA (PART D)	Updated criteria to add indication of COPD and associated requirements	2/1/2024
AUSTEDO PA CRITERIA (PART D)	Updated criteria to allow prescribing in consultation with a neurologist for Huntington's disease chorea	2/1/2024

Drug name	Change	Effective date
MAVYRET PA CRITERIA (PART D)	Updated criteria to allow for use in patients who are not infected with hepatitis C virus prior to receiving an organ transplant who receive a liver or non-liver organ transplant from a donor with a diagnosis of chronic hepatitis C	2/1/2024
NEXLETOL PA CRITERIA (PART D)	Updated criteria with enhancement to lower LDL-C threshold for patients without atherosclerotic cardiovascular disease (ASCVD) and to add "used as adjunct to statin therapy" option for established CVD and high risk for CVD indications	2/1/2024
NEXLIZET PA CRITERIA (PART D)	Updated criteria with enhancement to lower LDL-C threshold for patients without atherosclerotic cardiovascular disease (ASCVD) and to add "used as adjunct to statin therapy" option for established CVD and high risk for CVD indications	2/1/2024
PEGASYS PA CRITERIA (PART D)	Updated criteria to change approval duration for hepatitis C to 48 weeks	2/1/2024
PRALUENT PA CRITERIA (PART D)	Updated criteria to lower LDL-C threshold for patients without atherosclerotic cardiovascular disease (ASCVD). Addition of "pre-treatment" LDL greater than 500 as an option for HoFH indication. Addition of "(e.g., age)" as an example of contraindication to ezetimibe therapy	2/1/2024
REPATHA PA CRITERIA (PART D)	Updated criteria with enhancement to lower LDL-C threshold from 100 mg/dL to 70 mg/dL for patients without atherosclerotic cardiovascular disease (ASCVD). Addition of "pre-treatment" LDL greater than 500 as an option for HoFH indication. Removal of "at least 12 weeks" from ezetimibe criterion	2/1/2024
VICTOZA PA CRITERIA (PART D)	Updated criteria with enhancement to remove the requirement to have a trial and failure on two of the following: Bydureon/Bydureon BCise, Byetta, Ozempic, Trulicity, Rybelsus, or Mounjaro	2/1/2024

Quartz Medicare Advantage (HMO)

2025 Formulary & criteria changes



The chart below shows the changes in the Quartz Medicare Advantage (HMO) formulary (covered drug list) and prior authorization criteria since December 31, 2024. For Medicare Part B drug changes, see the table on page 120.

PA: Prior Authorization, **ST:** Step Therapy, **QL:** Quantity Limit

Drug name	Change	Effective date
ABACA/LAMIVU TAB 600-300MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ABACAVIR SOL 20MG/ML	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
ABACAVIR TAB 300MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ABIRATERONE TAB 250MG	Change to Tier 4 (Nonpreferred Drug), Remove QL, Add PA	1/1/2025
ABIRATERONE TAB 500MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
ACAMPRO CAL TAB 333MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ACARBOSE TAB 100MG	Change to Tier 2 (Generic), Remove QL	1/1/2025
ACARBOSE TAB 25MG	Change to Tier 2 (Generic), Remove QL	1/1/2025
ACARBOSE TAB 50MG	Change to Tier 2 (Generic), Remove QL	1/1/2025
ACEBUTOLOL CAP 200MG	Change to Tier 2 (Generic)	1/1/2025
ACEBUTOLOL CAP 400MG	Change to Tier 2 (Generic)	1/1/2025
ACETAZOLAMID CAP 500MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
ACETAZOLAMID TAB 125MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ACETAZOLAMID TAB 250MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ACETYLCYST SOL 10%	Remove PA	1/1/2025
ACETYLCYST SOL 20%	Remove PA	1/1/2025
ACYCLOVIR OIN 5%	Add QL	1/1/2025

Drug name	Change	Effective date
ACYCLOVIR SUS 200/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ADLARITY DIS 10MG/DAY	Remove QL	1/1/2025
ADLARITY DIS 5MG/DAY	Remove QL	1/1/2025
ADTHYZA TAB 120MG	Add to Tier 4 (Nonpreferred Drug)	1/1/2025
ADTHYZA TAB 15MG	Add to Tier 4 (Nonpreferred Drug)	1/1/2025
ADTHYZA TAB 30MG	Add to Tier 4 (Nonpreferred Drug)	1/1/2025
ADTHYZA TAB 60MG	Add to Tier 4 (Nonpreferred Drug)	1/1/2025
ADTHYZA TAB 90MG	Add to Tier 4 (Nonpreferred Drug)	1/1/2025
AFIRMELLE TAB 0.1-0.02	Change to Tier 3 (Preferred Brand)	1/1/2025
AKEEGA TAB 100/500	Remove QL	1/1/2025
AKEEGA TAB 50/500MG	Remove QL	1/1/2025
AKLIEF CRE 0.005%	Remove PA	1/1/2025
ALA-CORT CRE 1%	Remove from formulary	1/1/2025
ALBENDAZOLE TAB 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ALBUTEROL AER HFA	QL Decreased	1/1/2025
ALBUTEROL NEB 0.083%	Add QL	1/1/2025
ALBUTEROL NEB 0.5%	Add QL	1/1/2025
ALBUTEROL SYP 2MG/5ML	Remove from formulary	1/1/2025
ALBUTEROL TAB 2MG	Remove from formulary	1/1/2025
ALBUTEROL TAB 4MG	Remove from formulary	1/1/2025
ALCAINE SOL 0.5% OP	Remove from formulary	1/1/2025
ALCLOMETASON CRE 0.05%	Change to Tier 3 (Preferred Brand)	1/1/2025
ALCLOMETASON OIN 0.05%	Change to Tier 3 (Preferred Brand)	1/1/2025
ALCOHOL PAD PREP	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
ALECENSA CAP 150MG	Remove QL	1/1/2025
ALENDRONATE SOL 70/75ML	Remove from formulary	1/1/2025
ALENDRONATE TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
ALENDRONATE TAB 35MG	Change to Tier 6 (Select Care)	1/1/2025
ALENDRONATE TAB 5MG	Add to Tier 6 (Select Care)	1/1/2025
ALENDRONATE TAB 70MG	Change to Tier 6 (Select Care), Add QL	1/1/2025
ALINIA SUS 100/5ML	Add to Tier 4	1/1/2025
ALISKIREN TAB 150MG	Change to Tier 6 (Select Care)	1/1/2025
ALISKIREN TAB 300MG	Change to Tier 6 (Select Care)	1/1/2025
ALOSETRON TAB 0.5MG	Remove QL	1/1/2025
ALOSETRON TAB 1MG	Change to Tier 5 (Specialty), Remove QL	1/1/2025
ALPRAZOLAM CON 1 MG/ML	Remove from formulary	1/1/2025
ALPRAZOLAM TAB 0.25MG	Add QL	1/1/2025
ALPRAZOLAM TAB 0.5MG	Add QL	1/1/2025
ALPRAZOLAM TAB 0.5MG ER	Remove from formulary	1/1/2025
ALPRAZOLAM TAB 0.5MG XR	Remove from formulary	1/1/2025
ALPRAZOLAM TAB 1MG	Add QL	1/1/2025
ALPRAZOLAM TAB 1MG ER	Remove from formulary	1/1/2025
ALPRAZOLAM TAB 1MG XR	Remove from formulary	1/1/2025
ALPRAZOLAM TAB 2MG	Add QL	1/1/2025
ALPRAZOLAM TAB 2MG ER	Remove from formulary	1/1/2025
ALPRAZOLAM TAB 2MG XR	Remove from formulary	1/1/2025
ALPRAZOLAM TAB 3MG ER	Remove from formulary	1/1/2025
ALPRAZOLAM TAB 3MG XR	Remove from formulary	1/1/2025

Drug name	Change	Effective date
ALTAVERA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
ALTRENO LOT 0.05%	Remove from formulary	1/1/2025
ALUNBRIG TAB 30MG	QL Decreased	1/1/2025
ALUNBRIG TAB 90MG	QL Decreased	1/1/2025
ALYACEN TAB 1/35	Change to Tier 3 (Preferred Brand)	1/1/2025
ALYACEN TAB 7/7/7	Change to Tier 3 (Preferred Brand)	1/1/2025
ALYQ TAB 20MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
AMABELZ TAB 0.5-0.1	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
AMABELZ TAB 1-0.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
AMANTADINE TAB 100MG	Remove from formulary	1/1/2025
AMCINONIDE LOT 0.1%	Remove from formulary	1/1/2025
AMETHIA TAB	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
AMETHYST TAB 90-20MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMIKACIN INJ 1GM/4ML	Add to Tier 4	1/1/2025
AMIKACIN INJ 500/2ML	Add to Tier 4	1/1/2025
AMILOR/HCTZ TAB 5-50	Change to Tier 2 (Generic)	1/1/2025
AMILORIDE TAB 5MG	Change to Tier 1 (Preferred Generic)	1/1/2025
AMINOCAPR AC INJ 250MG/ML	Remove from formulary	1/1/2025
AMINOCAPR AC TAB 1000MG	Remove from formulary	1/1/2025
AMINOCAPR AC TAB 500MG	Remove from formulary	1/1/2025
AMINOCAPROIC SOL 0.25/ML	Remove from formulary	1/1/2025
AMINOSYN INJ 10%	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2025
AMINOSYN II SOL 15%	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2025
AMIODARONE TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
AMIODARONE TAB 400MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMITRIPTYLIN TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMITRIPTYLIN TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMITRIPTYLIN TAB 150MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMITRIPTYLIN TAB 25MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMITRIPTYLIN TAB 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMITRIPTYLIN TAB 75MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMLOD/BENAZP CAP 10-20MG	Change to Tier 6 (Select Care)	1/1/2025
AMLOD/BENAZP CAP 10-40MG	Change to Tier 6 (Select Care)	1/1/2025
AMLOD/BENAZP CAP 2.5-10MG	Change to Tier 6 (Select Care)	1/1/2025
AMLOD/BENAZP CAP 5-10MG	Change to Tier 6 (Select Care)	1/1/2025
AMLOD/BENAZP CAP 5-20MG	Change to Tier 6 (Select Care)	1/1/2025
AMLOD/BENAZP CAP 5-40MG	Change to Tier 6 (Select Care)	1/1/2025
AMLOD/OLMESA TAB 10-20MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
AMLOD/OLMESA TAB 10-40MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
AMLOD/OLMESA TAB 5-20MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
AMLOD/OLMESA TAB 5-40MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
AMLOD/VALSAR TAB 10-160MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
AMLOD/VALSAR TAB 10-320MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
AMLOD/VALSAR TAB 5-160MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
AMLOD/VALSAR TAB 5-320MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
AMOX/K CLAV SUS 250/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
AMOX/K CLAV TAB 250-125	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
AMOXAPINE TAB 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
AMOXAPINE TAB 150MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
AMOXAPINE TAB 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
AMOXAPINE TAB 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
AMOXICILLIN CHW 125MG	Change to Tier 2 (Generic)	1/1/2025
AMOXICILLIN CHW 250MG	Change to Tier 2 (Generic)	1/1/2025
AMOX-POT CLA TAB ER	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
AMPHET/DEXTR CAP 10MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR CAP 15MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR CAP 20MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR CAP 25MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR CAP 30MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR CAP 5MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR TAB 12.5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR TAB 15MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR TAB 20MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR TAB 30MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR TAB 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPHET/DEXTR TAB 7.5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AMPICILLIN INJ 10GM	Change to Tier 3 (Preferred Brand)	1/1/2025
AMP-SULBACTA INJ 15GM	Change to Tier 3 (Preferred Brand)	1/1/2025
ANAGRELIDE CAP 0.5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ANAGRELIDE CAP 1MG	Change to Tier 3 (Preferred Brand)	1/1/2025
APAP/CODEINE SOL 120-12/5	Remove QL	1/1/2025

Drug name	Change	Effective date
APAP/CODEINE TAB 300-15MG	Remove QL	1/1/2025
APAP/CODEINE TAB 300-30MG	Remove QL	1/1/2025
APAP/CODEINE TAB 300-60MG	Remove QL	1/1/2025
APOMORPHINE INJ 30MG/3ML	Remove QL	1/1/2025
APO-VARENICL TAB 0.5MG	Remove from formulary	1/1/2025
APO-VARENICL TAB 1MG	Remove from formulary	1/1/2025
APREPITANT CAP 80MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
APREPITANT PAK 80 & 125	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
APRI TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
APTIOM TAB 200MG	Remove QL, Remove ST	1/1/2025
APTIOM TAB 400MG	Remove QL, Remove ST	1/1/2025
APTIOM TAB 600MG	Remove QL, Remove ST	1/1/2025
APTIOM TAB 800MG	Remove QL, Remove ST	1/1/2025
APTIVUS CAP 250MG	Add QL	1/1/2025
ARANELLE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
ARIPIRAZOLE SOL 1MG/ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ARIPIRAZOLE TAB 10MG ODT	Change to Tier 5 (Specialty), Remove ST	1/1/2025
ARIPIRAZOLE TAB 15MG ODT	Remove ST	1/1/2025
ARIPIRAZOLE TAB 2MG	QL Decreased	1/1/2025
ARIPIRAZOLE TAB 5MG	QL Decreased	1/1/2025
ARISTADA INJ 1064MG	Remove QL	1/1/2025
ARISTADA INJ 441MG	Remove QL	1/1/2025
ARISTADA INJ 662MG	Remove QL	1/1/2025
ARISTADA INJ 882MG	Remove QL	1/1/2025

Drug name	Change	Effective date
ARMODAFINIL TAB 150MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ARMODAFINIL TAB 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ARMODAFINIL TAB 250MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ARMODAFINIL TAB 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ARMOUR THYRO TAB 120MG	Add to Tier 4	1/1/2025
ARMOUR THYRO TAB 15MG	Add to Tier 4	1/1/2025
ARMOUR THYRO TAB 180MG	Add to Tier 4	1/1/2025
ARMOUR THYRO TAB 240MG	Add to Tier 4	1/1/2025
ARMOUR THYRO TAB 300MG	Add to Tier 4	1/1/2025
ARMOUR THYRO TAB 30MG	Add to Tier 4	1/1/2025
ARMOUR THYRO TAB 60MG	Add to Tier 4	1/1/2025
ARMOUR THYRO TAB 90MG	Add to Tier 4	1/1/2025
ASA/DIPYRIDA CAP 25-200MG	Remove QL	1/1/2025
ASCOMP/COD CAP 30MG	Remove from formulary	1/1/2025
ASENAPINE SUB 10MG	Remove ST	1/1/2025
ASENAPINE SUB 5MG	Remove ST	1/1/2025
ASHLYNA TAB	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
ASMANEX 120 AER 220MCG	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2025
ASMANEX 14 AER 220MCG	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2025
ASMANEX 30 AER 110MCG	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2025
ASMANEX 30 AER 220MCG	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2025
ASMANEX 60 AER 220MCG	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2025
ASMANEX HFA AER 100 MCG	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2025
ASMANEX HFA AER 200 MCG	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2025

Drug name	Change	Effective date
ASMANEX HFA AER 50MCG	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2025
ATAZANAVIR CAP 150MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
ATAZANAVIR CAP 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ATAZANAVIR CAP 300MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ATENOL/CHLOR TAB 100-25MG	Change to Tier 2 (Generic)	1/1/2025
ATENOL/CHLOR TAB 50-25MG	Change to Tier 2 (Generic)	1/1/2025
ATOMOXETINE CAP 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ATOMOXETINE CAP 10MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ATOMOXETINE CAP 18MG	Change to Tier 4 (Nonpreferred Drug), QL Decreased	1/1/2025
ATOMOXETINE CAP 25MG	Change to Tier 4 (Nonpreferred Drug), QL Decreased	1/1/2025
ATOMOXETINE CAP 40MG	Change to Tier 4 (Nonpreferred Drug), QL Decreased	1/1/2025
ATOMOXETINE CAP 60MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ATOMOXETINE CAP 80MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ATORVALIQ SUS 20MG/5ML	Remove PA	1/1/2025
ATORVASTATIN TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
ATORVASTATIN TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
ATORVASTATIN TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
ATORVASTATIN TAB 80MG	Change to Tier 6 (Select Care)	1/1/2025
ATOVAQ/PROGU TAB 250-100	Change to Tier 3 (Preferred Brand)	1/1/2025
ATOVAQ/PROGU TAB 62.5-25	Change to Tier 3 (Preferred Brand)	1/1/2025
ATOVAQUONE SUS 750/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ATROVENT HFA AER 17MCG	QL Decreased	1/1/2025

Drug name	Change	Effective date
AUBRA TAB 0.1-0.02	Change to Tier 3 (Preferred Brand)	1/1/2025
AUBRA EQ TAB 0.1-0.02	Change to Tier 3 (Preferred Brand)	1/1/2025
AUGMENTIN SUS 125/5ML	Add to Tier 4	1/1/2025
AUGTYRO CAP 40MG	Remove QL	1/1/2025
AUM ALCOHOL PAD PREP 70%	Change to Tier 3 (Preferred Brand)	1/1/2025
AUROVELA TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
AUROVELA TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
AUROVELA 24 TAB FE 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
AUROVELA FE TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
AUROVELA FE TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
AVIANE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
AVITA CRE 0.025%	Remove from formulary	1/1/2025
AVITA GEL 0.025%	Remove from formulary	1/1/2025
AYUNA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
AZATHIOPRINE TAB 50MG	Change to Tier 2 (Generic)	1/1/2025
AZEL/FLUTIC SPR 137-50	Remove QL	1/1/2025
AZELAIC ACID GEL 15%	Change to Tier 4 (Nonpreferred Drug), Add QL, Remove PA	1/1/2025
AZELASTINE SPR 0.15%	Add to Tier 2 (Generic), Add QL	1/1/2025
AZELEX CRE 20%	Remove PA	1/1/2025
AZITHROMYCIN SUS 100/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
AZITHROMYCIN SUS 200/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
AZITHROMYCIN TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025
AZITHROMYCIN TAB 600MG	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
AZURETTE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
BAC TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
BACITRACIN OIN OP	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BACLOFEN TAB 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
BALSALAZIDE CAP 750MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BALVERSA TAB 3MG	Remove QL	1/1/2025
BALVERSA TAB 4MG	Remove QL	1/1/2025
BALVERSA TAB 5MG	Remove QL	1/1/2025
BALZIVA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
BARACLUDGE SOL	Change to Tier 5 (Specialty)	1/1/2025
BAXDELA TAB 450MG	Remove QL, Remove PA	1/1/2025
BD SWAB REG PAD SNGL USE	Change to Tier 3 (Preferred Brand)	1/1/2025
BELBUCA MIS 150MCG	Remove QL	1/1/2025
BELBUCA MIS 300MCG	Remove QL	1/1/2025
BELBUCA MIS 450MCG	Remove QL	1/1/2025
BELBUCA MIS 600MCG	Remove QL	1/1/2025
BELBUCA MIS 750MCG	Remove QL	1/1/2025
BELBUCA MIS 75MCG	Remove QL	1/1/2025
BELBUCA MIS 900MCG	Remove QL	1/1/2025
BELSOMRA TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
BELSOMRA TAB 15MG	Change to Tier 3 (Preferred Brand)	1/1/2025
BELSOMRA TAB 20MG	Change to Tier 3 (Preferred Brand)	1/1/2025
BELSOMRA TAB 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
BENZAEP/HCTZ TAB 10-12.5	Change to Tier 6 (Select Care)	1/1/2025

Drug name	Change	Effective date
BENAZEP/HCTZ TAB 20-12.5	Change to Tier 6 (Select Care)	1/1/2025
BENAZEP/HCTZ TAB 20-25MG	Change to Tier 6 (Select Care)	1/1/2025
BENAZEP/HCTZ TAB 5-6.25MG	Change to Tier 6 (Select Care)	1/1/2025
BENAZEPRIL TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
BENAZEPRIL TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
BENAZEPRIL TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
BENAZEPRIL TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
BENLYSTA INJ 200MG/ML	Remove QL	1/1/2025
BENZNIDAZOLE TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
BENZNIDAZOLE TAB 12.5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
BETA DIPROP GEL 0.05%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BETA DIPROP LOT 0.05%	Remove from formulary	1/1/2025
BETA DIPROP OIN 0.05%	Change to Tier 3 (Preferred Brand)	1/1/2025
BETAMETH DIP CRE 0.05%	Change to Tier 3 (Preferred Brand)	1/1/2025
BETAMETH DIP LOT 0.05%	Change to Tier 3 (Preferred Brand)	1/1/2025
BETAMETH DIP OIN 0.05%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BETAMETH VAL CRE 0.1%	Change to Tier 3 (Preferred Brand)	1/1/2025
BETAMETH VAL LOT 0.1%	Change to Tier 3 (Preferred Brand)	1/1/2025
BETAXOLOL SOL 0.5% OP	Change to Tier 3 (Preferred Brand)	1/1/2025
BETAXOLOL TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
BETAXOLOL TAB 20MG	Change to Tier 3 (Preferred Brand)	1/1/2025
BEXAROTENE GEL 1%	Remove QL	1/1/2025
BISOPRL/HCTZ TAB 10/6.25	Change to Tier 2 (Generic)	1/1/2025
BISOPRL/HCTZ TAB 2.5/6.25	Change to Tier 2 (Generic)	1/1/2025

Drug name	Change	Effective date
BISOPRL/HCTZ TAB 5-6.25MG	Change to Tier 2 (Generic)	1/1/2025
BISOPROL FUM TAB 10MG	Change to Tier 2 (Generic)	1/1/2025
BISOPROL FUM TAB 5MG	Change to Tier 2 (Generic)	1/1/2025
BLISOVI 24 TAB FE 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
BLISOVI FE TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
BLISOVI FE TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
BOSULIF TAB 100MG	Remove QL	1/1/2025
BOSULIF TAB 400MG	Remove QL	1/1/2025
BOSULIF TAB 500MG	Remove QL	1/1/2025
BRAFTOVI CAP 75MG	Remove QL	1/1/2025
BREYNA AER 160/4.5	Change to Tier 4 (Nonpreferred Drug), QL Decreased	1/1/2025
BREYNA AER 80/4.5	Change to Tier 4 (Nonpreferred Drug), QL Decreased	1/1/2025
BRIELLYN TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
BRILINTA TAB 60MG	Remove QL	1/1/2025
BRILINTA TAB 90MG	Remove QL	1/1/2025
BRIMO/TIMOLO SOL 0.2/0.5%	Change to Tier 3 (Preferred Brand)	1/1/2025
BRIMONIDINE SOL 0.1%	Change to Tier 3 (Preferred Brand)	1/1/2025
BRIMONIDINE SOL 0.1% OP	Change to Tier 3 (Preferred Brand)	1/1/2025
BRIMONIDINE SOL 0.15%	Remove from formulary	1/1/2025
BRINZOLAMIDE SUS 1%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BRINZOLAMIDE SUS 1% OP	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BRIVIACT SOL 10MG/ML	Remove QL, Add PA, Remove ST	1/1/2025
BRIVIACT TAB 100MG	Remove QL, Add PA, Remove ST	1/1/2025

Drug name	Change	Effective date
BRIVIACT TAB 10MG	Remove QL, Add PA, Remove ST	1/1/2025
BRIVIACT TAB 25MG	Remove QL, Add PA, Remove ST	1/1/2025
BRIVIACT TAB 50MG	Remove QL, Add PA, Remove ST	1/1/2025
BRIVIACT TAB 75MG	Remove QL, Add PA, Remove ST	1/1/2025
BROMFENAC DRO 0.07% OP	Add QL	1/1/2025
BROMOCRIPTIN CAP 5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BROMOCRIPTIN TAB 2.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BRUKINSA CAP 80MG	Remove QL	1/1/2025
BRYHALI LOT 0.01%	Remove PA	1/1/2025
BUDES/FORMOT AER 160-4.5	Remove from formulary	1/1/2025
BUDES/FORMOT AER 80-4.5	Remove from formulary	1/1/2025
BUDESONIDE CAP 3MG DR	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUDESONIDE SUS 0.25MG/2	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUDESONIDE SUS 0.5MG/2	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUDESONIDE SUS 1MG/2ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUMETANIDE TAB 0.5MG	Change to Tier 2 (Generic)	1/1/2025
BUMETANIDE TAB 1MG	Change to Tier 2 (Generic)	1/1/2025
BUMETANIDE TAB 2MG	Change to Tier 2 (Generic)	1/1/2025
BUPREN/NALOX MIS 12-3MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
BUPREN/NALOX MIS 2-0.5MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
BUPREN/NALOX MIS 4-1MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
BUPREN/NALOX MIS 8-2MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
BUPREN/NALOX SUB 2-0.5MG	QL Decreased	1/1/2025
BUPRENORPHIN DIS 10MCG/HR	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
BUPRENORPHIN DIS 15MCG/HR	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUPRENORPHIN DIS 20MCG/HR	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUPRENORPHIN DIS 5MCG/HR	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUPRENORPHIN DIS 7.5/HR	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUPRENORPHIN SUB 2MG	Remove QL	1/1/2025
BUPRENORPHIN SUB 8MG	Remove QL	1/1/2025
BUPROPION TAB 100MG	Remove QL	1/1/2025
BUPROPION TAB 100MG SR	QL Decreased	1/1/2025
BUPROPION TAB 150MG SR	QL Decreased	1/1/2025
BUPROPION TAB 75MG	Remove QL	1/1/2025
BUPROPN HCL TAB 150MG XL	Add QL	1/1/2025
BUPROPN HCL TAB 300MG XL	Add QL	1/1/2025
BUSPIRONE TAB 30MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUSPIRONE TAB 7.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BUT/APAP/CAF CAP CODEINE	Remove from formulary	1/1/2025
BUT/APAP/CAF TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
BUT/ASA/CAF/ CAP COD 30MG	Remove from formulary	1/1/2025
BUT/ASA/CAF/ CAP CODEINE	Remove from formulary	1/1/2025
BUT/ASA/CAFF CAP	Remove from formulary	1/1/2025
BUTAL/APAP TAB 50-325MG	Remove from formulary	1/1/2025
BUTORPHANOL SOL 10MG/ML	Remove from formulary	1/1/2025
BYETTA INJ 10MCG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BYETTA INJ 5MCG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
BYLVAY CAP 1200MCG	Remove PA	1/1/2025

Drug name	Change	Effective date
BYLVAY CAP 200MCG	Remove PA	1/1/2025
BYLVAY CAP 400MCG	Remove PA	1/1/2025
BYLVAY CAP 600MCG	Remove PA	1/1/2025
CABENUVA SUS 400-600	Add to Tier 5 (Specialty)	1/1/2025
CABENUVA SUS 600-900	Add to Tier 5 (Specialty)	1/1/2025
CABERGOLINE TAB 0.5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CABOMETYX TAB 40MG	Remove QL	1/1/2025
CABOMETYX TAB 60MG	Remove QL	1/1/2025
CALC ACETATE CAP 667MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CALC ACETATE TAB 667MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CALCIPOTRIEN CRE 0.005%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CALCIPOTRIEN OIN 0.005%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CALCIPOTRIEN SOL 0.005%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
CALCITONIN SPR 200/ACT	Change to Tier 3 (Preferred Brand)	1/1/2025
CALCITRIOL SOL 1MCG/ML	Remove from formulary	1/1/2025
CALQUENCE CAP 100MG	Remove QL	1/1/2025
CALQUENCE TAB 100MG	Remove QL	1/1/2025
CAMRESE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
CAMRESE LO TAB	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CAMZYOS CAP 10MG	Remove QL, Remove PA	1/1/2025
CAMZYOS CAP 15MG	Remove QL, Remove PA	1/1/2025
CAMZYOS CAP 2.5MG	Remove QL, Remove PA	1/1/2025
CAMZYOS CAP 5MG	Remove QL, Remove PA	1/1/2025
CANDESA/HCTZ TAB 16-12.5	Change to Tier 6 (Select Care), Remove QL	1/1/2025

Drug name	Change	Effective date
CANDESA/HCTZ TAB 32-12.5	Change to Tier 6 (Select Care), Remove QL	1/1/2025
CANDESA/HCTZ TAB 32-25MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
CANDESARTAN TAB 16MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
CANDESARTAN TAB 32MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
CANDESARTAN TAB 4MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
CANDESARTAN TAB 8MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
CAPLYTA CAP 10.5MG	Change to Tier 5 (Specialty), Add PA, Remove ST	1/1/2025
CAPLYTA CAP 21MG	Change to Tier 5 (Specialty), Add PA, Remove ST	1/1/2025
CAPLYTA CAP 42MG	Change to Tier 5 (Specialty), Add PA, Remove ST	1/1/2025
CAPRELSA TAB 300MG	Remove QL	1/1/2025
CAPTOPR/HCTZ TAB 25-15MG	Add to Tier 6 (Select Care)	1/1/2025
CAPTOPR/HCTZ TAB 25-25MG	Add to Tier 6 (Select Care)	1/1/2025
CAPTOPR/HCTZ TAB 50-15MG	Add to Tier 6 (Select Care)	1/1/2025
CAPTOPR/HCTZ TAB 50-25MG	Add to Tier 6 (Select Care)	1/1/2025
CAPTOPRIL TAB 100MG	Change to Tier 6 (Select Care)	1/1/2025
CAPTOPRIL TAB 12.5MG	Change to Tier 6 (Select Care)	1/1/2025
CAPTOPRIL TAB 25MG	Change to Tier 6 (Select Care)	1/1/2025
CAPTOPRIL TAB 50MG	Change to Tier 6 (Select Care)	1/1/2025
CARB/LEVO TAB 10-100MG	Change to Tier 2 (Generic)	1/1/2025
CARB/LEVO TAB 25-100MG	Change to Tier 2 (Generic)	1/1/2025
CARB/LEVO TAB 25-250MG	Change to Tier 2 (Generic)	1/1/2025
CARB/LEVO ER TAB 25-100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CARB/LEVO ER TAB 50-200MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CARBAMAZEPIN CAP 100MG ER	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
CARBAMAZEPIN CAP 200MG ER	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CARBAMAZEPIN CAP 300MG ER	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CARBAMAZEPIN SUS 100/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
CARBAMAZEPIN TAB 100MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
CARBAMAZEPIN TAB 200MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CARBAMAZEPIN TAB 200MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
CARBAMAZEPIN TAB 400MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
CARETOUCH PAD ALCOHOL	Change to Tier 3 (Preferred Brand)	1/1/2025
CARISOPRODOL TAB 350MG	Remove from formulary	1/1/2025
CARTEOLOL SOL 1% OP	Change to Tier 2 (Generic)	1/1/2025
CARVEDILOL CAP 10MG ER	Remove QL	1/1/2025
CARVEDILOL CAP 20MG ER	Remove QL	1/1/2025
CARVEDILOL CAP 40MG ER	Remove QL	1/1/2025
CARVEDILOL CAP 80MG ER	Remove QL	1/1/2025
CAYSTON INH 75MG	Remove QL	1/1/2025
CEFADROXIL CAP 500MG	Change to Tier 2 (Generic)	1/1/2025
CEFADROXIL TAB 1GM	Remove from formulary	1/1/2025
CEFAZOLIN INJ 10GM	Remove from formulary	1/1/2025
CEFAZOLIN INJ 1GM	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CEFDINIR SUS 125/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
CEFDINIR SUS 250/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
CEFEPIME SOL 100GM	Add to Tier 4	1/1/2025
CEFODO PROX SUS 100/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
CEFODO PROX SUS 50MG/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
CEFPODOXIME TAB 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CEFPODOXIME TAB 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CEFPROZIL SUS 125/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
CEFPROZIL SUS 250/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
CEFPROZIL TAB 250MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CEFPROZIL TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CEFTRIAZONE INJ 10GM	Change to Tier 3 (Preferred Brand)	1/1/2025
CEFUROXIME INJ 1.5GM	Change to Tier 3 (Preferred Brand)	1/1/2025
CEFUROXIME INJ 750MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CELECOXIB CAP 100MG	QL Decreased	1/1/2025
CELECOXIB CAP 200MG	QL Decreased	1/1/2025
CERDELGA CAP 84MG	Remove QL	1/1/2025
CEVIMELINE CAP 30MG	Remove from formulary	1/1/2025
CHARLOTTE 24 CHW FE 1/20	Add to Tier 3 (Preferred Brand)	1/1/2025
CHATEAL TAB 0.15/30	Change to Tier 3 (Preferred Brand)	1/1/2025
CHATEAL EQ TAB 0.15/30	Change to Tier 3 (Preferred Brand)	1/1/2025
CHEMET CAP 100MG	Change to Tier 5 (Specialty)	1/1/2025
CHLORD/CLIDI CAP 5-2.5MG	Remove from formulary	1/1/2025
CHLORDIAZEP CAP 10MG	Remove from formulary	1/1/2025
CHLORDIAZEP CAP 25MG	Remove from formulary	1/1/2025
CHLORDIAZEP CAP 5MG	Remove from formulary	1/1/2025
CHLORHEX GLU SOL 0.12%	Change to Tier 1 (Preferred Generic)	1/1/2025
CHLOROQUINE TAB 250MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CHLOROQUINE TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
CHLORPROMAZ TAB 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CHLORPROMAZ TAB 10MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CHLORPROMAZ TAB 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CHLORPROMAZ TAB 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CHLORPROMAZ TAB 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CHLORZOAZON TAB 500MG	Remove from formulary	1/1/2025
CHOLBAM CAP 250MG	Add PA	1/1/2025
CHOLBAM CAP 50MG	Add PA	1/1/2025
CHOLESTYRAM POW 4GM	Change to Tier 3 (Preferred Brand)	1/1/2025
CHOLESTYRAM POW 4GM LITE	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CICLODAN SOL 8%	Add to Tier 2 (Generic), Add PA	1/1/2025
CICLOPIROX SHA 1%	Change to Tier 3 (Preferred Brand)	1/1/2025
CICLOPIROX SOL 8%	Add PA	1/1/2025
CICLOPIROX SUS 0.77%	Change to Tier 3 (Preferred Brand)	1/1/2025
CIMETIDINE SOL 300/5ML	Remove from formulary	1/1/2025
CIMETIDINE TAB 200MG	Remove from formulary	1/1/2025
CIMETIDINE TAB 300MG	Remove from formulary	1/1/2025
CIMETIDINE TAB 400MG	Remove from formulary	1/1/2025
CIMETIDINE TAB 800MG	Remove from formulary	1/1/2025
CIMZIA KIT 200MG	Remove PA	1/1/2025
CIMZIA PREFL KIT 200MG/ML	Remove PA	1/1/2025
CIMZIA START KIT 200MG/ML	Remove PA	1/1/2025
CINACALCET TAB 30MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025

Drug name	Change	Effective date
CINACALCET TAB 60MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
CINACALCET TAB 90MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
CIPRO/DEXA SUS 0.3-0.1%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CIPROFLOXACN INJ 200MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CIPROFLOXACN SOL 0.2%	Remove from formulary	1/1/2025
CIPROFLOXACN SUS 250/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CIPROFLOXACN SUS 500/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CIPROFLOXACN TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CISPLATIN INJ 100MG	Add to Tier 4	1/1/2025
CISPLATIN INJ 1MG/1ML	Add to Tier 4	1/1/2025
CITALOPRAM SOL 10MG/5ML	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
CLARITHROMYC SUS 125/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CLARITHROMYC SUS 250/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CLARITHROMYC TAB 250MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CLARITHROMYC TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CLARITHROMYC TAB 500MG ER	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CLIMARA PRO DIS WEEKLY	Add to Tier 4	1/1/2025
CLEMASTINE SYP 0.5/5ML	Remove from formulary	1/1/2025
CLENPIQ SOL	Add to Tier 3 (Preferred Brand)	1/1/2025
CLINDACIN MIS ETZ 1%	Add to Tier 3 (Preferred Brand)	1/1/2025
CLINDACIN-P PAD 1%	Add to Tier 3 (Preferred Brand)	1/1/2025
CLINDAMY/BEN GEL 1.2-5%	Remove from formulary	1/1/2025

Drug name	Change	Effective date
CLINDAMY/D5W INJ 600/50ML	Remove from formulary	1/1/2025
CLINDAMY/D5W INJ 900/50ML	Remove from formulary	1/1/2025
CLINDAMYCIN CRE 2% VAG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CLINDAMYCIN GEL 1%	Remove from formulary	1/1/2025
CLINDAMYCIN INJ 9GM/60ML	Remove from formulary	1/1/2025
CLINDAMYCIN LOT 1%	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CLINDAMYCIN LOT 10MG/ML	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CLINDAMYCIN MIS 1%	Change to Tier 3 (Preferred Brand)	1/1/2025
CLINDAMYCIN SOL 1%	QL Decreased	1/1/2025
CLINDAMYCIN SOL 75MG/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CLINDESSE CRE 2%	Remove from formulary	1/1/2025
CLINIMIX INJ 4.25/D10	Remove PA	1/1/2025
CLINIMIX INJ 4.25/D5W	Remove PA	1/1/2025
CLINIMIX INJ 5%/D15W	Remove PA	1/1/2025
CLINIMIX INJ 5%/D20W	Remove PA	1/1/2025
CLINIMIX E INJ 2.75/D5W	Remove PA	1/1/2025
CLINIMIX E INJ 4.25/D10	Remove PA	1/1/2025
CLINIMIX E INJ 4.25/D5W	Remove PA	1/1/2025
CLINIMIX E INJ 5%/D15W	Remove PA	1/1/2025
CLINIMIX E INJ 5%/D20W	Remove PA	1/1/2025
CLINISOL SF INJ 15%	Remove PA	1/1/2025
CLOBAZAM SUS 2.5MG/ML	Remove QL	1/1/2025
CLOBAZAM TAB 10MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CLOBAZAM TAB 20MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
CLOBETASOL GEL 0.05%	Change to Tier 3 (Preferred Brand)	1/1/2025
CLOBETASOL SOL 0.05%	Change to Tier 3 (Preferred Brand)	1/1/2025
CLOBETASOL E CRE 0.05%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CLOMIPRAMINE CAP 25MG	Remove ST	1/1/2025
CLOMIPRAMINE CAP 50MG	Remove ST	1/1/2025
CLOMIPRAMINE CAP 75MG	Remove ST	1/1/2025
CLONAZEP ODT TAB 0.125MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CLONAZEP ODT TAB 0.25MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CLONAZEP ODT TAB 0.5MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CLONAZEP ODT TAB 1MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CLONAZEP ODT TAB 2MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CLONAZEPAM TAB 0.5MG	Change to Tier 1 (Preferred Generic), Add QL	1/1/2025
CLONAZEPAM TAB 1MG	Change to Tier 1 (Preferred Generic), Add QL	1/1/2025
CLONAZEPAM TAB 2MG	Change to Tier 1 (Preferred Generic), Add QL	1/1/2025
CLONIDINE DIS 0.1/24HR	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
CLONIDINE DIS 0.2/24HR	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
CLONIDINE DIS 0.3/24HR	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
CLONIDINE TAB 0.1MG ER	Remove QL	1/1/2025
CLOPIDOGREL TAB 300MG	Change to Tier 2 (Generic), Remove QL	1/1/2025
CLORAZ DIPOT TAB 15MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CLORAZ DIPOT TAB 3.75MG	Change to Tier 4 (Nonpreferred Drug), QL Decreased	1/1/2025
CLORAZ DIPOT TAB 7.5MG	Change to Tier 4 (Nonpreferred Drug), QL Decreased	1/1/2025

Drug name	Change	Effective date
CLOTRIM/BETA CRE 1-0.05%	Add QL	1/1/2025
CLOTRIM/BETA CRE DIPROP	Add QL	1/1/2025
CLOTRIMAZOLE CRE 1%	Add QL	1/1/2025
CLOTRIMAZOLE SOL 1%	Remove from formulary	1/1/2025
CLOTRIMAZOLE TRO 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CLOZAPINE TAB 100/ODT	Add QL	1/1/2025
CLOZAPINE TAB 100MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CLOZAPINE TAB 12.5/ODT	Add QL	1/1/2025
CLOZAPINE TAB 150/ODT	Add QL	1/1/2025
CLOZAPINE TAB 200/ODT	Add QL	1/1/2025
CLOZAPINE TAB 200MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
CLOZAPINE TAB 25MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
CLOZAPINE TAB 25MG ODT	Add QL	1/1/2025
CLOZAPINE TAB 50MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
CODEINE SULF TAB 30MG	Remove from formulary	1/1/2025
CODEINE SULF TAB 60MG	Remove from formulary	1/1/2025
COLCHICINE TAB 0.6MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
COLESEVELAM PAK 3.75GM	Remove from formulary	1/1/2025
COLESEVELAM TAB 625MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
COLESTIPOL GRA 5GM	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
COLESTIPOL TAB 1GM	Change to Tier 3 (Preferred Brand)	1/1/2025
COMBIGAN SOL 0.2/0.5%	Add to Tier 3 (Preferred Brand)	1/1/2025
COMBIPATCH DIS	Remove from formulary	1/1/2025
COMETRIQ KIT 100MG	Remove QL	1/1/2025

Drug name	Change	Effective date
COMETRIQ KIT 140MG	Remove QL	1/1/2025
COMETRIQ KIT 60MG	Remove QL	1/1/2025
COMFRT TOUCH PAD ALC PREP	Remove from formulary	1/1/2025
COPIKTRA CAP 15MG	Remove QL	1/1/2025
COPIKTRA CAP 25MG	Remove QL	1/1/2025
CORLANOR SOL 5MG/5ML	Remove QL, Remove PA	1/1/2025
CORLANOR TAB 5MG	Add to Tier 4 (Nonpreferred Drug), Add QL, Add PA	1/1/2025
CORLANOR TAB 7.5MG	Add to Tier 4 (Nonpreferred Drug), Add QL, Add PA	1/1/2025
COTELLIC TAB 20MG	Remove QL	1/1/2025
CROMOLYN SOD SOL 4% OP	Change to Tier 1 (Preferred Generic)	1/1/2025
CRYSSELLE-28 TAB 28 TABS	Change to Tier 3 (Preferred Brand)	1/1/2025
CURITY PREP PAD ALCOHOL	Change to Tier 3 (Preferred Brand)	1/1/2025
CYCLOBENZAPR TAB 10MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
CYCLOBENZAPR TAB 5MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
CYCLOPENTOL SOL 1% OP	Remove from formulary	1/1/2025
CYCLOPENTOL SOL 2% OP	Remove from formulary	1/1/2025
CYCLOPENTOLA SOL 0.5%	Remove from formulary	1/1/2025
CYCLOPHOSPH CAP 25MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CYCLOPHOSPH CAP 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
CYCLOPHOSPH TAB 25MG	Remove from formulary	1/1/2025
CYCLOPHOSPH TAB 50MG	Remove from formulary	1/1/2025
CYCLOSET TAB 0.8MG	Remove QL	1/1/2025
CYCLOSPORINE CAP 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
CYCLOSPORINE CAP 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CYCLOSPORINE EMU 0.05% OP	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
CYCLOSPORINE SOL MODIFIED	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CYPROHEPTAD SYP 2MG/5ML	Remove from formulary	1/1/2025
CYPROHEPTAD TAB 4MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CYRED TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
CYRED EQ TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
CYSTAGON CAP 150MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
CYSTAGON CAP 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DALFAMPRIDIN TAB 10MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
DANAZOL CAP 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DANAZOL CAP 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DANAZOL CAP 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DAPAGLIFLOZI TAB 10MG	Add to Tier 3 (Preferred Brand)	1/1/2025
DAPAGLIFLOZI TAB 5MG	Add to Tier 3 (Preferred Brand)	1/1/2025
DAPSONE TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DAPSONE TAB 25MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DARIFENACIN TAB 15MG	Remove QL	1/1/2025
DARIFENACIN TAB 7.5MG	Remove QL	1/1/2025
DASETTA TAB 1/35	Change to Tier 3 (Preferred Brand)	1/1/2025
DASETTA TAB 7/7/7	Change to Tier 3 (Preferred Brand)	1/1/2025
DAURISMO TAB 100MG	Remove QL	1/1/2025
DAURISMO TAB 25MG	Remove QL	1/1/2025
DAYSEE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
DEFERASIROX GRA 180MG	Add PA	1/1/2025
DEFERASIROX GRA 360MG	Add PA	1/1/2025
DEFERASIROX GRA 90MG	Add PA	1/1/2025
DEFERASIROX TAB 125MG	Add PA	1/1/2025
DEFERASIROX TAB 180MG	Change to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
DEFERASIROX TAB 250MG	Add PA	1/1/2025
DEFERASIROX TAB 360MG	Change to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
DEFERASIROX TAB 500MG	Add PA	1/1/2025
DEFERASIROX TAB 90MG	Change to Tier 3 (Preferred Brand), Add PA	1/1/2025
DELYLA TAB 0.1-0.02	Change to Tier 3 (Preferred Brand)	1/1/2025
DENTA 5000 CRE PLUS	Remove from formulary	1/1/2025
DENTAGEL GEL 1.1%	Remove from formulary	1/1/2025
DESIPRAMINE TAB 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DESIPRAMINE TAB 10MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DESIPRAMINE TAB 150MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DESIPRAMINE TAB 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DESIPRAMINE TAB 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DESIPRAMINE TAB 75MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DESLORATADIN TAB 5MG	Remove from formulary	1/1/2025
DESMOPRESSIN SPR 0.01%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DESMOPRESSIN TAB 0.1MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DESMOPRESSIN TAB 0.2MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DESO/ETHINYL TAB ESTRADIO	Change to Tier 3 (Preferred Brand)	1/1/2025
DESONIDE CRE 0.05%	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
DESONIDE OIN 0.05%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
DESOXIMETAS CRE 0.25%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
DESOXIMETAS OIN 0.25%	Change to Tier 3 (Preferred Brand)	1/1/2025
DESOXIMETASO SPR 0.25%	Remove PA	1/1/2025
DEXAMETH PHO INJ 10MG/ML	Remove from formulary	1/1/2025
DEXAMETH PHO INJ 120MG/30	Remove from formulary	1/1/2025
DEXAMETH PHO INJ 20MG/5ML	Remove from formulary	1/1/2025
DEXAMETH PHO INJ 4MG/ML	Remove from formulary	1/1/2025
DEXAMETH PHO SOL 0.1% OP	Change to Tier 3 (Preferred Brand)	1/1/2025
DEXAMETHASON CON 1MG/ML	Remove from formulary	1/1/2025
DEXAMETHASON ELX 0.5/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
DEXMETHYLPH CAP 15MG ER	Remove QL	1/1/2025
DEXMETHYLPH CAP 30MG ER	Remove QL	1/1/2025
DEXMETHYLPH CAP 40MG ER	Remove QL	1/1/2025
DEXMETHYLPH TAB 10MG	Remove from formulary	1/1/2025
DEXMETHYLPH TAB 2.5MG	Remove from formulary	1/1/2025
DEXMETHYLPH TAB 5MG	Remove from formulary	1/1/2025
DEXMETHYLPH CAP 10MG ER	Remove QL	1/1/2025
DEXMETHYLPH CAP 20MG ER	Remove QL	1/1/2025
DEXMETHYLPH CAP 5MG ER	Remove QL	1/1/2025
DEXMETHYLPH CAP ER 25MG	Remove QL	1/1/2025
DEXMETHYLPH CAP ER 35MG	Remove QL	1/1/2025
DEXTROAMPHET TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DEXTROAMPHET TAB 5MG	Change to Tier 3 (Preferred Brand), QL	1/1/2025

Drug name	Change	Effective date
	Decreased	
DEXTROSE INJ 70%	Remove from formulary	1/1/2025
DIACOMIT CAP 250MG	Remove QL	1/1/2025
DIACOMIT CAP 500MG	Remove QL	1/1/2025
DIACOMIT PAK 250MG	Remove QL	1/1/2025
DIACOMIT PAK 500MG	Remove QL	1/1/2025
DIAZEPAM TAB 10MG	Add QL	1/1/2025
DIAZEPAM TAB 2MG	Add QL	1/1/2025
DIAZEPAM TAB 5MG	Add QL	1/1/2025
DIAZOXIDE SUS 50MG/ML	Change to Tier 5 (Specialty)	1/1/2025
DICHLORPHENA TAB 50MG	Remove QL, Remove PA	1/1/2025
DICLOFEN POT TAB 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DICLOFENAC DIS 1.3%	Remove QL, Remove PA	1/1/2025
DICLOFENAC GEL 1%	Add QL	1/1/2025
DICLOFENAC GEL 3%	Add QL, Remove PA	1/1/2025
DICLOFENAC SOL 1.5%	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
DICLOFENAC TAB 100MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
DICYCLOMINE CAP 10MG	Change to Tier 2 (Generic)	1/1/2025
DICYCLOMINE SOL 10MG/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DICYCLOMINE TAB 20MG	Change to Tier 2 (Generic)	1/1/2025
DIFICID SUS	Remove QL, Remove PA	1/1/2025
DIFICID TAB 200MG	Remove QL, Remove PA	1/1/2025
DIFLUNISAL TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
DIGITEK TAB 0.125MG	Remove QL	1/1/2025
DIGITEK TAB 0.25MG	Remove QL	1/1/2025
DIGOXIN SOL 50MCG/ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DIGOXIN TAB 0.0625MG	Remove QL	1/1/2025
DIGOXIN TAB 0.125MG	Remove QL	1/1/2025
DIGOXIN TAB 0.25MG	Remove QL	1/1/2025
DIHYDROERGOT SPR 4MG/ML	Add PA	1/1/2025
DILANTIN CAP 100MG	Remove from formulary	1/1/2025
DILANTIN CAP 30MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DILANTIN CHW 50MG	Remove from formulary	1/1/2025
DILANTIN-125 SUS 125/5ML	Remove from formulary	1/1/2025
DILTIAZEM CAP 120MG ER	Remove QL	1/1/2025
DILTIAZEM CAP 120MG/24HR	Remove QL	1/1/2025
DILTIAZEM CAP 180MG ER	Remove QL	1/1/2025
DILTIAZEM CAP 180MG/24HR	Remove QL	1/1/2025
DILTIAZEM CAP 240MG ER	Remove QL	1/1/2025
DILTIAZEM CAP 240MG/24HR	Remove QL	1/1/2025
DILTIAZEM CAP 360MG ER	Remove QL	1/1/2025
DILTIAZEM CAP 420MG/24HR	Remove QL	1/1/2025
DIMETHYL FUM CAP 120MG DR	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DIMETHYL FUM CAP 240MG DR	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DIMETHYL FUM CAP STARTER	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DIPHENHYDRAM INJ 50MG/ML	Add to Tier 4	1/1/2025
DIPHEN/ATROP LIQ 2.5/5	Remove from formulary	1/1/2025

Drug name	Change	Effective date
DIPHEN/ATROP TAB 2.5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DIPYRIDAMOLE TAB 25MG	Remove from formulary	1/1/2025
DIPYRIDAMOLE TAB 50MG	Remove from formulary	1/1/2025
DIPYRIDAMOLE TAB 75MG	Remove from formulary	1/1/2025
DISOPYRAMIDE CAP 100MG	Remove from formulary	1/1/2025
DISOPYRAMIDE CAP 150MG	Remove from formulary	1/1/2025
DISULFIRAM TAB 250MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DISULFIRAM TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DIURIL SUS 250/5ML	Remove from formulary	1/1/2025
DOFETILIDE CAP 125MCG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DOFETILIDE CAP 250MCG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DOFETILIDE CAP 500MCG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DOJOLVI LIQ 100%	Remove PA	1/1/2025
DOLISHALE TAB 90-20MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
DONEPEZIL TAB 10MG ODT	Change to Tier 2 (Generic)	1/1/2025
DONEPEZIL TAB 23MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
DONEPEZIL TAB 5MG ODT	Change to Tier 2 (Generic)	1/1/2025
DOPTELET TAB 20MG	Remove QL	1/1/2025
DOTTI DIS 0.025MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DOTTI DIS 0.0375MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DOTTI DIS 0.05MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DOTTI DIS 0.075MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DOTTI DIS 0.1MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
DOXEPIN HCL CAP 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DOXEPIN HCL CAP 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DOXEPIN HCL CAP 150MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DOXEPIN HCL CAP 25MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DOXEPIN HCL CAP 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DOXEPIN HCL CAP 75MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DOXEPIN HCL CON 10MG/ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
DOXYCYC MONO TAB 150MG	Remove from formulary	1/1/2025
DOXYCYC MONO TAB 75MG	Remove from formulary	1/1/2025
DOXYCYCLINE SUS 25MG/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
DOXYCYCLINE TAB 20MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DRIZALMA CAP 20MG DR	Remove QL	1/1/2025
DRIZALMA CAP 30MG DR	Remove QL	1/1/2025
DRIZALMA CAP 40MG DR	Remove QL	1/1/2025
DRIZALMA CAP 60MG DR	Remove QL	1/1/2025
DROS/ETH EST TAB LEVOMEFO	Change to Tier 3 (Preferred Brand)	1/1/2025
DROSPIR/ETHI TAB 3-0.02MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DROSPIR/ETHI TAB 3-0.03MG	Change to Tier 3 (Preferred Brand)	1/1/2025
DROSPIRE/ETH TAB ESTR/LEV	Change to Tier 3 (Preferred Brand)	1/1/2025
DROSPIRENONE TAB ETHY EST	Change to Tier 3 (Preferred Brand)	1/1/2025
DROXIDOPA CAP 100MG	Remove QL	1/1/2025
DROXIDOPA CAP 200MG	Remove QL	1/1/2025
DROXIDOPA CAP 300MG	Remove QL	1/1/2025
DULERA AER 100-5MCG	Add to Tier 4 (Nonpreferred Drug), QL, PA	1/1/2025

Drug name	Change	Effective date
DULERA AER 200-5MCG	Add to Tier 4 (Nonpreferred Drug), QL, PA	1/1/2025
DULERA AER 50-5MCG	Add to Tier 4 (Nonpreferred Drug), QL, PA	1/1/2025
DULOXETINE CAP 20MG	Add QL	1/1/2025
DULOXETINE CAP 30MG	Add QL	1/1/2025
DULOXETINE CAP 60MG	Add QL	1/1/2025
DUOBRII LOT	Remove QL, Remove PA	1/1/2025
DUTASTERIDE CAP 0.5MG	Remove QL	1/1/2025
EASY COMFORT PAD ALCOHOL	Remove from formulary	1/1/2025
EC-NAPROXEN TAB 375MG	Change to Tier 2 (Generic)	1/1/2025
EDARBI TAB 40MG	Add to Tier 4	1/1/2025
EDARBI TAB 80MG	Add to Tier 4	1/1/2025
EDARBYCLOR TAB 40-12.5	Add to Tier 4	1/1/2025
EDARBYCLOR TAB 40-25MG	Add to Tier 4	1/1/2025
EDURANT TAB 25MG	QL Decreased	1/1/2025
EFAVIRENZ CAP 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
EFAVIRENZ CAP 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
EFAVIRENZ TAB 600MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
EFFER-K TAB 25MEQ EF	Add to Tier 2 (Generic)	1/1/2025
ELETRIPTAN TAB 20MG	Remove QL	1/1/2025
ELETRIPTAN TAB 40MG	Remove QL	1/1/2025
ELIGARD INJ 22.5MG	Remove QL, Remove PA	1/1/2025
ELIGARD INJ 30MG	Remove QL, Remove PA	1/1/2025
ELIGARD INJ 45MG	Remove QL, Remove PA	1/1/2025
ELIGARD INJ 7.5MG	Remove QL, Remove PA	1/1/2025

Drug name	Change	Effective date
ELINEST TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
ELIQUIS TAB 2.5MG	Add QL	1/1/2025
ELIQUIS TAB 5MG	Add QL	1/1/2025
ELIQUIS ST P TAB 5MG	Add QL	1/1/2025
ELLA TAB 30MG	Add to Tier 3 (Preferred Brand)	1/1/2025
ELMIRON CAP 100MG	Change to Tier 5 (Specialty)	1/1/2025
EMSAM DIS 12MG/24H	Add ST	1/1/2025
EMSAM DIS 6MG/24HR	Add ST	1/1/2025
EMSAM DIS 9MG/24HR	Add ST	1/1/2025
EMTRIVA SOL 10MG/ML	Add QL	1/1/2025
EMVERM CHW 100MG	Remove from formulary	1/1/2025
ENALAPR/HCTZ TAB 10-25MG	Change to Tier 6 (Select Care)	1/1/2025
ENALAPR/HCTZ TAB 5-12.5MG	Change to Tier 6 (Select Care)	1/1/2025
ENALAPRIL SOL 1MG/ML	Remove from formulary	1/1/2025
ENALAPRIL TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
ENALAPRIL TAB 2.5MG	Change to Tier 6 (Select Care)	1/1/2025
ENALAPRIL TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
ENALAPRIL TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
ENDARI POW 5GM	Add to Tier 5 (Specialty), Add PA	1/1/2025
ENDOCET TAB 10-325MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
ENDOCET TAB 2.5-325	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
ENDOCET TAB 5-325MG	Remove QL	1/1/2025
ENDOCET TAB 7.5-325	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
ENOXAPARIN INJ 300/3ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
ENPRESSE-28 TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
ENSKYCE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
ENTACAPONE TAB 200MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
ENTECAVIR TAB 0.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ENTECAVIR TAB 1MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
EPINEPHRINE INJ 1MG/ML	Remove from formulary	1/1/2025
EPINEPHRINE INJ 30/30ML	Remove from formulary	1/1/2025
EPINEPHRINE SOL 30/30ML	Remove from formulary	1/1/2025
EPITOL TAB 200MG	Change to Tier 3 (Preferred Brand)	1/1/2025
EPLERENONE TAB 25MG	Change to Tier 3 (Preferred Brand)	1/1/2025
EPLERENONE TAB 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
EPRONTIA SOL 25MG/ML	Remove QL	1/1/2025
ERGOLOID MES TAB 1MG ORAL	Change to Tier 3 (Preferred Brand)	1/1/2025
ERGOT/CAFFEN TAB 1-100MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
ERIVEDGE CAP 150MG	Remove QL	1/1/2025
ERLEADA TAB 240MG	Remove QL	1/1/2025
ERLEADA TAB 60MG	Remove QL	1/1/2025
ERLOTINIB TAB 100MG	Remove QL	1/1/2025
ERLOTINIB TAB 150MG	Remove QL	1/1/2025
ERLOTINIB TAB 25MG	Remove QL	1/1/2025
ERY PAD 2%	Change to Tier 3 (Preferred Brand)	1/1/2025
ERYTHROMYCIN GEL 2%	Change to Tier 3 (Preferred Brand)	1/1/2025
ESCITALOPRAM SOL 5MG/5ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
ESTARYLLA TAB 0.25-35	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
ESTAZOLAM TAB 1MG	Remove from formulary	1/1/2025
ESTAZOLAM TAB 2MG	Remove from formulary	1/1/2025
ESTRA/NORETH TAB 0.5-0.1	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ESTRA/NORETH TAB 1-0.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ESTRAD VAL INJ 10MG/ML	Remove from formulary	1/1/2025
ESTRAD VAL INJ 20MG/ML	Remove from formulary	1/1/2025
ESTRAD VAL INJ 40MG/ML	Remove from formulary	1/1/2025
ESTRADIOL DIS 0.025MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ESTRADIOL DIS 0.025MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ESTRADIOL DIS 0.0375MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ESTRADIOL DIS 0.0375MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ESTRADIOL DIS 0.05MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ESTRADIOL DIS 0.05MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ESTRADIOL DIS 0.06MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ESTRADIOL DIS 0.075MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ESTRADIOL DIS 0.075MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ESTRADIOL DIS 0.1MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ESTRADIOL DIS 0.1MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ESTRADIOL TAB 0.5MG	Change to Tier 2 (Generic)	1/1/2025
ESTRADIOL TAB 10MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
ESTRADIOL TAB 1MG	Change to Tier 2 (Generic)	1/1/2025
ESTRADIOL TAB 2MG	Change to Tier 2 (Generic)	1/1/2025
ESTRING MIS 2MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ESTRING MIS 7.5/24HR	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
ESZOPICLONE TAB 1MG	Change to Tier 4 (Nonpreferred Drug), QL Decreased	1/1/2025
ESZOPICLONE TAB 2MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ESZOPICLONE TAB 3MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ETHOSUXIMIDE CAP 250MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ETHOSUXIMIDE SOL 250/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
ETHY ETH EST TAB 1-35	Change to Tier 3 (Preferred Brand)	1/1/2025
ETHYNODIOL TAB 1-50	Change to Tier 3 (Preferred Brand)	1/1/2025
ETODOLAC CAP 200MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ETODOLAC CAP 300MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ETODOLAC TAB 400MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ETODOLAC TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ETONOGESTREL MIS ETHY EST	Change to Tier 3 (Preferred Brand)	1/1/2025
ETRAVIRINE TAB 100MG	QL Decreased	1/1/2025
EUCRISA OIN 2%	Add PA	1/1/2025
EUTHYROX TAB 100MCG	Change to Tier 2 (Generic)	1/1/2025
EUTHYROX TAB 112MCG	Change to Tier 2 (Generic)	1/1/2025
EUTHYROX TAB 125MCG	Change to Tier 2 (Generic)	1/1/2025
EUTHYROX TAB 137MCG	Change to Tier 2 (Generic)	1/1/2025
EUTHYROX TAB 150MCG	Change to Tier 2 (Generic)	1/1/2025
EUTHYROX TAB 175MCG	Change to Tier 2 (Generic)	1/1/2025
EUTHYROX TAB 200MCG	Change to Tier 2 (Generic)	1/1/2025
EUTHYROX TAB 25MCG	Change to Tier 2 (Generic)	1/1/2025
EUTHYROX TAB 50MCG	Change to Tier 2 (Generic)	1/1/2025

Drug name	Change	Effective date
EUTHYROX TAB 75MCG	Change to Tier 2 (Generic)	1/1/2025
EUTHYROX TAB 88MCG	Change to Tier 2 (Generic)	1/1/2025
EVEROLIMUS TAB 0.25MG	Change to Tier 5 (Specialty), Remove QL	1/1/2025
EVEROLIMUS TAB 0.5 MG	Remove QL	1/1/2025
EVEROLIMUS TAB 0.75MG	Remove QL	1/1/2025
EVEROLIMUS TAB 10MG	QL Decreased	1/1/2025
EVEROLIMUS TAB 1MG	Remove QL	1/1/2025
EVEROLIMUS TAB 2.5MG	Change to Tier 5 (Specialty)	1/1/2025
EVEROLIMUS TAB 2MG	Remove QL	1/1/2025
EVEROLIMUS TAB 3MG	Remove QL	1/1/2025
EVEROLIMUS TAB 5MG	Remove QL	1/1/2025
EVRYSDI SOL	Add QL	1/1/2025
EXEMESTANE TAB 25MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
EXKIVITY CAP 40MG	Remove QL, Remove PA	1/1/2025
EXTAVIA INJ 0.3MG	Remove QL, Remove PA	1/1/2025
EZETIM/SIMVA TAB 10-10MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
EZETIM/SIMVA TAB 10-20MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
EZETIM/SIMVA TAB 10-40MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
EZETIM/SIMVA TAB 10-80MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
EZETIMIBE TAB 10MG	Remove QL	1/1/2025
FALMINA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
FAMCICLOVIR TAB 125MG	Change to Tier 3 (Preferred Brand)	1/1/2025
FAMCICLOVIR TAB 250MG	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
FAMCICLOVIR TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025
FAMOTIDINE INJ 200/20ML	Remove from formulary	1/1/2025
FAMOTIDINE INJ 40MG/4ML	Remove from formulary	1/1/2025
FAMOTIDINE SUS 40MG/5ML	Remove PA	1/1/2025
FANAPT TAB 4MG	Change to Tier 5 (Specialty)	1/1/2025
FARXIGA TAB 10MG	Remove from formulary	1/1/2025
FARXIGA TAB 5MG	Remove from formulary	1/1/2025
FAYOSIM TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
FEBUXOSTAT TAB 40MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
FEBUXOSTAT TAB 80MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
FELODIPINE TAB 10MG ER	Change to Tier 2 (Generic)	1/1/2025
FELODIPINE TAB 2.5MG ER	Change to Tier 2 (Generic)	1/1/2025
FELODIPINE TAB 5MG ER	Change to Tier 2 (Generic)	1/1/2025
FEMYNOR TAB 0.25-35	Change to Tier 3 (Preferred Brand)	1/1/2025
FENOFIBRATE CAP 134MG	Remove QL	1/1/2025
FENOFIBRATE CAP 200MG	Remove QL	1/1/2025
FENOFIBRATE CAP 67MG	Remove QL	1/1/2025
FENOFIBRATE TAB 145MG	Remove QL	1/1/2025
FENOFIBRATE TAB 160MG	Remove QL	1/1/2025
FENOFIBRATE TAB 48MG	Remove QL	1/1/2025
FENOFIBRATE TAB 54MG	Remove QL	1/1/2025
FENOFIBRIC CAP 135MG DR	Change to Tier 3 (Preferred Brand)	1/1/2025
FENOFIBRIC CAP 45MG DR	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
FENTANYL DIS 100MCG/H	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
FENTANYL DIS 12MCG/HR	Remove from formulary	1/1/2025
FENTANYL DIS 25MCG/HR	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
FENTANYL DIS 50MCG/HR	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
FENTANYL DIS 75MCG/HR	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
FENTANYL OT LOZ 1200MCG	Remove QL	1/1/2025
FENTANYL OT LOZ 1600MCG	Remove QL	1/1/2025
FENTANYL OT LOZ 200MCG	Remove QL	1/1/2025
FENTANYL OT LOZ 400MCG	Remove QL	1/1/2025
FENTANYL OT LOZ 600MCG	Remove QL	1/1/2025
FENTANYL OT LOZ 800MCG	Remove QL	1/1/2025
FESOTERODINE TAB 4MG ER	Remove QL	1/1/2025
FESOTERODINE TAB 8MG ER	Remove QL	1/1/2025
FIFTY50 PREP PAD PADS	Change to Tier 3 (Preferred Brand)	1/1/2025
FINACEA AER 15%	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
FINGOLIMOD CAP 0.5MG	Change to Tier 5 (Specialty)	1/1/2025
FINTEPLA SOL 2.2MG/ML	Remove QL	1/1/2025
FINZALA CHW FE 1/20	Add to Tier 3 (Preferred Brand)	1/1/2025
FIRDAPSE TAB 10MG	Remove QL, Remove PA	1/1/2025
FLAREX SUS 0.1% OP	Add to Tier 3 (Preferred Brand)	1/1/2025
FLAVOXATE TAB 100MG	Remove from formulary	1/1/2025
FLECAINIDE TAB 100MG	Change to Tier 2 (Generic)	1/1/2025

Drug name	Change	Effective date
FLECAINIDE TAB 150MG	Change to Tier 2 (Generic)	1/1/2025
FLECAINIDE TAB 50MG	Change to Tier 2 (Generic)	1/1/2025
FLOXURIDINE INJ 0.5GM	Remove from formulary	1/1/2025
FLUCONAZOLE SUS 10MG/ML	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUCONAZOLE SUS 40MG/ML	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUCONAZOLE TAB 150MG	Change to Tier 2 (Generic)	1/1/2025
FLUCONAZOLE/ INJ NAACL 200	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUCONAZOLE/ INJ NAACL 400	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUNISOLIDE SPR 0.025%	Add QL	1/1/2025
FLUOCIN ACET CRE 0.01%	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOCIN ACET CRE 0.025%	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOCIN ACET OIL 0.01%	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOCIN ACET OIL 0.01% SC	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOCIN ACET OIL 0.01%BDY	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOCIN ACET OIL BODY	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOCIN ACET OIL SCALP	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOCIN ACET OIN 0.025%	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOCIN ACET SOL 0.01%	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOCINONIDE CRE 0.05%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
FLUOCINONIDE CRE 0.1%	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
FLUOCINONIDE CRE E 0.05%	Remove from formulary	1/1/2025
FLUOCINONIDE GEL 0.05%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
FLUOCINONIDE OIN 0.05%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
FLUOCINONIDE SOL 0.05%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025

Drug name	Change	Effective date
FLUORIDE CHW 0.25MG F	Remove from formulary	1/1/2025
FLUORIDE CHW 0.5MG F	Remove from formulary	1/1/2025
FLUORIDE CHW 1MG F	Remove from formulary	1/1/2025
FLUOROMETHOL SUS 0.1% OP	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOROURACIL CRE 5%	Add QL	1/1/2025
FLUOROURACIL SOL 2%	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOROURACIL SOL 5%	Change to Tier 3 (Preferred Brand)	1/1/2025
FLUOXETINE SOL 20MG/5ML	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
FLUOXETINE TAB 10MG	Remove from formulary	1/1/2025
FLUOXETINE TAB 20MG	Remove from formulary	1/1/2025
FLUPHENAZINE CON 5MG/ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
FLURBIPROFEN TAB 50MG	Add to Tier 2 (Generic)	1/1/2025
FLUTAMIDE CAP 125MG	Add to Tier 3 (Preferred Brand)	1/1/2025
FLUTIC/SALME INH 113/14	Remove from formulary	1/1/2025
FLUTIC/SALME INH 232/14	Remove from formulary	1/1/2025
FLUTIC/SALME INH 55/14	Remove from formulary	1/1/2025
FLUTICAS HFA AER 110MCG	Remove from formulary	1/1/2025
FLUTICAS HFA AER 220MCG	Remove from formulary	1/1/2025
FLUTICAS HFA AER 44MCG	Remove from formulary	1/1/2025
FLUTICASONE LOT 0.05%	Remove from formulary	1/1/2025
FLUTICASONE SPR 50MCG	Change to Tier 1 (Preferred Generic)	1/1/2025
FLUVASTATIN CAP 20MG	Remove QL	1/1/2025
FLUVASTATIN CAP 40MG	Remove QL	1/1/2025

Drug name	Change	Effective date
FLUVASTATIN TAB 80MG ER	Remove QL	1/1/2025
FLUVOXAMINE CAP 100MG ER	Remove QL	1/1/2025
FLUVOXAMINE CAP 150MG ER	Remove QL	1/1/2025
FLUVOXAMINE TAB 100MG	Remove QL	1/1/2025
FLUVOXAMINE TAB 25MG	Remove QL	1/1/2025
FLUVOXAMINE TAB 50MG	Remove QL	1/1/2025
FORTEO INJ 600/2.4	Add to Tier 5 (Specialty), Add PA	1/1/2025
FOSINOP/HCTZ TAB 10/12.5	Change to Tier 6 (Select Care)	1/1/2025
FOSINOP/HCTZ TAB 20/12.5	Change to Tier 6 (Select Care)	1/1/2025
FOSINOPRIL TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
FOSINOPRIL TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
FOSINOPRIL TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
FOTIVDA CAP 0.89MG	Remove QL	1/1/2025
FOTIVDA CAP 1.34MG	Remove QL	1/1/2025
FRAGMIN INJ 95000UNT	Add to Tier 5 (Specialty)	1/1/2025
FUROSEMIDE SOL 10MG/ML	Remove from formulary	1/1/2025
FUROSEMIDE SOL 40MG/5ML	Remove from formulary	1/1/2025
FYAVOLV TAB 0.5-2.5	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
FYAVOLV TAB 1-5	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
FYCOMPA SUS 0.5MG/ML	Change to Tier 5 (Specialty), Remove QL, Remove ST	1/1/2025
FYCOMPA TAB 10MG	Remove QL, Remove ST	1/1/2025
FYCOMPA TAB 12MG	Remove QL, Remove ST	1/1/2025
FYCOMPA TAB 2MG	Remove QL, Remove ST	1/1/2025

Drug name	Change	Effective date
FYCOMPA TAB 4MG	Remove QL, Remove ST	1/1/2025
FYCOMPA TAB 6MG	Remove QL, Remove ST	1/1/2025
FYCOMPA TAB 8MG	Remove QL, Remove ST	1/1/2025
GABAPENTIN CAP 100MG	Add QL	1/1/2025
GABAPENTIN CAP 300MG	Add QL	1/1/2025
GABAPENTIN CAP 400MG	Add QL	1/1/2025
GABAPENTIN SOL 250/5ML	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
GABAPENTIN TAB 600MG	Add QL	1/1/2025
GABAPENTIN TAB 800MG	Add QL	1/1/2025
GALANTAMINE CAP 16MG ER	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
GALANTAMINE CAP 24MG ER	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
GALANTAMINE CAP 8MG ER	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
GALANTAMINE SOL 4MG/ML	Remove QL	1/1/2025
GALANTAMINE TAB 12MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
GALANTAMINE TAB 4MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
GALANTAMINE TAB 8MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
GATTEX KIT 5MG	Remove PA	1/1/2025
GAUZE PAD 2"X2"	Change to Tier 3 (Preferred Brand)	1/1/2025
GAVILYTE-C SOL	Change to Tier 2 (Generic)	1/1/2025
GAVILYTE-G SOL	Change to Tier 2 (Generic)	1/1/2025
GAVRETO CAP 100MG	Remove QL	1/1/2025

Drug name	Change	Effective date
GEFITINIB TAB 250MG	Remove QL	1/1/2025
GELNIQUE GEL 10%	Add to Tier 4	1/1/2025
GEMMILY CAP 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
GEMTESA TAB 75MG	Add to Tier 4	1/1/2025
GENGRAF SOL 100MG/ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
GENOTROPIN INJ 0.4MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 0.6MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 0.8MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 1.2MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 1.4MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 1.6MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 1.8MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 12MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 1MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 2MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENOTROPIN INJ 5MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
GENTAMICIN CRE 0.1%	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
GENTAMICIN INJ 40MG/ML	Change to Tier 3 (Preferred Brand)	1/1/2025
GENTAMICIN INJ 80MG/2ML	Change to Tier 3 (Preferred Brand)	1/1/2025
GENTAMICIN OIN 0.1%	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
GILENYA CAP 0.25MG	Remove QL, Remove PA	1/1/2025
GLARGIN YFGN INJ 100U/ML	Remove QL	1/1/2025
GLARGIN YFGN SOL 100U/ML	Remove QL	1/1/2025
GLEOSTINE CAP 100MG	Remove PA	1/1/2025

Drug name	Change	Effective date
GLEOSTINE CAP 10MG	Remove PA	1/1/2025
GLEOSTINE CAP 40MG	Remove PA	1/1/2025
GLIMEPIRIDE TAB 1MG	Change to Tier 6 (Select Care)	1/1/2025
GLIMEPIRIDE TAB 2MG	Change to Tier 6 (Select Care)	1/1/2025
GLIMEPIRIDE TAB 4MG	Change to Tier 6 (Select Care)	1/1/2025
GLIP/METFORM TAB 2.5-250	Change to Tier 6 (Select Care), Remove QL	1/1/2025
GLIP/METFORM TAB 2.5-250M	Change to Tier 6 (Select Care), Remove QL	1/1/2025
GLIP/METFORM TAB 2.5-500	Change to Tier 6 (Select Care), Remove QL	1/1/2025
GLIP/METFORM TAB 2.5-500M	Change to Tier 6 (Select Care), Remove QL	1/1/2025
GLIP/METFORM TAB 5-500MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
GLIPIZIDE TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
GLIPIZIDE TAB 2.5MG	Add to Tier 6 (Select Care)	1/1/2025
GLIPIZIDE TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
GLIPIZIDE ER TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
GLIPIZIDE ER TAB 2.5MG	Change to Tier 6 (Select Care)	1/1/2025
GLIPIZIDE ER TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
GLIPIZIDE XL TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
GLIPIZIDE XL TAB 2.5MG	Change to Tier 6 (Select Care)	1/1/2025
GLIPIZIDE XL TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
GLOBAL PREP PAD PADS	Change to Tier 3 (Preferred Brand)	1/1/2025
GLUCAGON KIT 1MG	Remove QL	1/1/2025
GLYB/METFORM TAB 1.25-250	Add to Tier 6 (Select Care)	1/1/2025
GLYB/METFORM TAB 2.5-500	Add to Tier 6 (Select Care)	1/1/2025
GLYB/METFORM TAB 5-500MG	Add to Tier 6 (Select Care)	1/1/2025

Drug name	Change	Effective date
GLYBURIDE TAB 1.25MG	Add to Tier 6 (Select Care)	1/1/2025
GLYBURIDE TAB 2.5MG	Add to Tier 6 (Select Care)	1/1/2025
GLYBURIDE TAB 5MG	Add to Tier 6 (Select Care)	1/1/2025
GLYCOPYRROL TAB 1MG	Change to Tier 3 (Preferred Brand), Add PA	1/1/2025
GLYCOPYRROL TAB 2MG	Change to Tier 3 (Preferred Brand), Add PA	1/1/2025
GLYXAMBI TAB 10-5 MG	Add to Tier 3 (Preferred Brand)	1/1/2025
GLYXAMBI TAB 25-5 MG	Add to Tier 3 (Preferred Brand)	1/1/2025
GNP ALCOHOL PAD SWABS	Change to Tier 3 (Preferred Brand)	1/1/2025
GOLYTELY SOL	Remove from formulary	1/1/2025
GRANISETRON TAB 1MG	Remove from formulary	1/1/2025
GRISEOFULVIN SUS 125/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
GUANFACINE TAB 1MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
GUANFACINE TAB 1MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
GUANFACINE TAB 2MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
GUANFACINE TAB 2MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
GUANFACINE TAB 3MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
GUANFACINE TAB 4MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
GYNAZOLE-1 CRE 2%	Remove from formulary	1/1/2025
HAILEY TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
HAILEY 24 TAB FE	Change to Tier 3 (Preferred Brand)	1/1/2025
HAILEY FE TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
HAILEY FE TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
HALOBETASOL AER 0.05%	Remove PA	1/1/2025
HALOBETASOL CRE 0.05%	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
HALOBETASOL OIN 0.05%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
HALOPER DEC INJ 100MG/ML	Change to Tier 3 (Preferred Brand)	1/1/2025
HALOPER DEC INJ 250/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
HALOPER DEC INJ 500/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
HALOPER DEC INJ 50MG/ML	Change to Tier 3 (Preferred Brand)	1/1/2025
HALOPER LAC INJ 5MG/ML	Change to Tier 3 (Preferred Brand)	1/1/2025
HALOPERIDOL INJ 50/10ML	Change to Tier 3 (Preferred Brand)	1/1/2025
HALOPERIDOL TAB 20MG	Change to Tier 3 (Preferred Brand)	1/1/2025
HC VALERATE CRE 0.2%	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
HC/ACET ACID SOL OTIC	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
HEPARIN SOD INJ 1000/ML	Remove from formulary	1/1/2025
HEPARIN SOD INJ 10000/10	Remove from formulary	1/1/2025
HEPARIN SOD INJ 10000/ML	Remove from formulary	1/1/2025
HEPARIN SOD INJ 20000/ML	Remove from formulary	1/1/2025
HEPARIN SOD INJ 30000/30	Remove from formulary	1/1/2025
HEPARIN SOD INJ 5000/ML	Change to Tier 3 (Preferred Brand)	1/1/2025
HEPARIN SOD INJ 50000/10	Change to Tier 3 (Preferred Brand)	1/1/2025
HERZUMA INJ 420MG	Remove PA	1/1/2025
HETLIOZ LQ SUS 4MG/ML	Remove QL, Remove PA	1/1/2025
HIZENTRA INJ 10/50ML	Add to Tier 5 (Specialty), PA	1/1/2025
HIZENTRA INJ 1GM/5ML	Add to Tier 5 (Specialty), PA	1/1/2025
HIZENTRA INJ 2GM/10ML	Add to Tier 5 (Specialty), PA	1/1/2025
HIZENTRA INJ 4GM/20ML	Add to Tier 5 (Specialty), PA	1/1/2025
HIZENTRA SOL 20%	Add to Tier 5 (Specialty), PA	1/1/2025

Drug name	Change	Effective date
HM STERILE PAD ALCHOL	Change to Tier 3 (Preferred Brand)	1/1/2025
HUMALOG INJ 100/ML	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMALOG JR INJ 100/ML	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMALOG KWIK INJ 100/ML	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMALOG KWIK INJ 200/ML	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMALOG MIX INJ 50/50	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMALOG MIX INJ 50/50KWP	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMALOG MIX INJ 75/25KWP	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMALOG MIX SUS 75/25	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMATIN CAP 250MG	Add to Tier 5 (Specialty)	1/1/2025
HUMIRA INJ 10/0.1ML	Remove QL, Remove PA	1/1/2025
HUMIRA INJ 20/0.2ML	Remove QL, Remove PA	1/1/2025
HUMIRA INJ 40/0.4ML	Remove QL, Remove PA	1/1/2025
HUMIRA KIT 40MG/0.8	Remove QL, Remove PA	1/1/2025
HUMIRA PEDIA INJ CROHNS	Remove QL, Remove PA	1/1/2025
HUMIRA PEN INJ 40/0.4ML	Remove QL, Remove PA	1/1/2025
HUMIRA PEN INJ 40MG/0.8	Remove QL, Remove PA	1/1/2025
HUMIRA PEN INJ 80/0.8ML	Remove QL, Remove PA	1/1/2025
HUMIRA PEN INJ CD/UC/HS	Remove QL, Remove PA	1/1/2025
HUMIRA PEN INJ PS/UV	Remove QL, Remove PA	1/1/2025
HUMIRA PEN KIT CD/UC/HS	Remove QL, Remove PA	1/1/2025
HUMIRA PEN KIT PED UC	Remove QL, Remove PA	1/1/2025
HUMIRA PEN KIT PS/UV	Remove QL, Remove PA	1/1/2025
HUMULIN INJ 70/30	Add to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
HUMULIN INJ 70/30KWP	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMULIN N INJ U-100	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMULIN N INJ U-100KWP	Add to Tier 3 (Preferred Brand)	1/1/2025
HUMULIN R INJ U-100	Add to Tier 3 (Preferred Brand)	1/1/2025
HYDRALAZINE TAB 100MG	Change to Tier 2 (Generic)	1/1/2025
HYDROCO/APAP SOL 7.5-325	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
HYDROCO/APAP TAB 10-325MG	Remove QL	1/1/2025
HYDROCO/APAP TAB 5-325MG	Remove QL	1/1/2025
HYDROCO/APAP TAB 7.5-325	Remove QL	1/1/2025
HYDROCOD/IBU TAB 10-200MG	Remove QL	1/1/2025
HYDROCOD/IBU TAB 5-200MG	Remove QL	1/1/2025
HYDROCOD/IBU TAB 7.5-200	Remove QL	1/1/2025
HYDROCORT CRE 1%	Remove from formulary	1/1/2025
HYDROCORT ENE 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
HYDROMORPHON INJ 2MG/ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
HYDROMORPHON LIQ 1MG/ML	Remove from formulary	1/1/2025
HYDROMORPHON TAB 2MG	Remove QL	1/1/2025
HYDROMORPHON TAB 4MG	Remove QL	1/1/2025
HYDROMORPHON TAB 8MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
HYDROXYCHLOR TAB 100MG	Add to Tier 2 (Generic)	1/1/2025
HYDROXYZ HCL SYP 10MG/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
HYDROXYZ HCL TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
HYDROXYZ HCL TAB 25MG	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
HYDROXYZ HCL TAB 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
HYDROXYZ PAM CAP 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
HYDROXYZ PAM CAP 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
HYDROXYZ PAM CAP 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
IBRANCE CAP 100MG	Remove QL	1/1/2025
IBRANCE CAP 125MG	Remove QL	1/1/2025
IBRANCE CAP 75MG	Remove QL	1/1/2025
IBRANCE TAB 100MG	Remove QL	1/1/2025
IBRANCE TAB 125MG	Remove QL	1/1/2025
IBRANCE TAB 75MG	Remove QL	1/1/2025
IBUPROFEN SUS 100/5ML	Remove from formulary	1/1/2025
ICLEVIA TAB	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
ICLUSIG TAB 30MG	Remove QL	1/1/2025
ICLUSIG TAB 45MG	Remove QL	1/1/2025
ICOSAPENT CAP 0.5GM	Remove QL, Remove PA	1/1/2025
ICOSAPENT CAP 1GM	Remove QL, Remove PA	1/1/2025
IGALMI MIS 120MCG	Add to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
IGALMI MIS 180MCG	Add to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
ILEVRO DRO 0.3% OP	Add QL	1/1/2025
IMATINIB MES TAB 100MG	Change to Tier 3 (Preferred Brand), Remove QL, Add PA	1/1/2025
IMATINIB MES TAB 400MG	Change to Tier 4 (Nonpreferred Drug), Remove QL, Add PA	1/1/2025
IMBRUVICA CAP 140MG	Remove QL	1/1/2025
IMBRUVICA CAP 70MG	Remove QL	1/1/2025

Drug name	Change	Effective date
IMBRUVICA SUS 70MG/ML	Remove QL	1/1/2025
IMBRUVICA TAB 420MG	Remove QL	1/1/2025
IMBRUVICA TAB 560MG	Remove QL	1/1/2025
IMIPRAM HCL TAB 10MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
IMIPRAM HCL TAB 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
IMIPRAM HCL TAB 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
IMIQUIMOD CRE 5%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
IMPAVIDO CAP 50MG	Remove QL	1/1/2025
INBRIJA CAP 42MG	Remove QL	1/1/2025
INCONTROL PAD ALCOHOL	Change to Tier 3 (Preferred Brand)	1/1/2025
INDOMETHACIN CAP 25MG	Remove QL	1/1/2025
INDOMETHACIN CAP 50MG	Remove QL	1/1/2025
INDOMETHACIN CAP 75MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
INLYTA TAB 1MG	Remove QL	1/1/2025
INLYTA TAB 5MG	Remove QL	1/1/2025
INQOVI TAB 35-100MG	Remove QL	1/1/2025
INREBIC CAP 100MG	Remove QL	1/1/2025
INS DEGL FLX INJ 100UNIT	Remove from formulary	1/1/2025
INS DEGL FLX INJ 200UNIT	Remove from formulary	1/1/2025
INSULIN DEGL INJ 100UNIT	Remove from formulary	1/1/2025
INSULIN LISP INJ 100/ML	Add to Tier 3 (Preferred Brand)	1/1/2025
INSULIN PEN NEEDLES	Add QL	1/1/2025
INSUL-TOTE MIS	Add to Tier 4 (Nonpreferred Drug)	1/1/2025
INTRALIPID INJ 20%	Remove PA	1/1/2025

Drug name	Change	Effective date
INTRALIPID INJ 30%	Remove PA	1/1/2025
INTROVALE TAB	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
IPRATROPIUM SPR 0.03%	Remove QL	1/1/2025
IPRATROPIUM SPR 0.06%	Remove QL	1/1/2025
IRBESAR/HCTZ TAB 150-12.5	Change to Tier 6 (Select Care)	1/1/2025
IRBESAR/HCTZ TAB 300-12.5	Change to Tier 6 (Select Care)	1/1/2025
IRBESARTAN TAB 150MG	Change to Tier 6 (Select Care)	1/1/2025
IRBESARTAN TAB 300MG	Change to Tier 6 (Select Care)	1/1/2025
IRBESARTAN TAB 75MG	Change to Tier 6 (Select Care)	1/1/2025
ISENTRESS CHW 100MG	Change to Tier 5 (Specialty), Add QL	1/1/2025
ISENTRESS CHW 25MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
ISENTRESS POW 100MG	Change to Tier 5 (Specialty), Add QL	1/1/2025
ISIBLOOM TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
ISONIAZID SYP 50MG/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ISONIAZID INJ 100MG/ML	Add to Tier 4	1/1/2025
ISONIAZID TAB 100MG	Change to Tier 1 (Preferred Generic)	1/1/2025
ISONIAZID TAB 300MG	Change to Tier 1 (Preferred Generic)	1/1/2025
ISOSORB DIN TAB 10MG	Change to Tier 1 (Preferred Generic)	1/1/2025
ISOSORB DIN TAB 20MG	Change to Tier 1 (Preferred Generic)	1/1/2025
ISOSORB DIN TAB 30MG	Change to Tier 1 (Preferred Generic)	1/1/2025
ISOSORB DIN TAB 5MG	Change to Tier 1 (Preferred Generic)	1/1/2025
ISRADIPINE CAP 2.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ISRADIPINE CAP 5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ITRACONAZOLE CAP 100MG	Change to Tier 4 (Nonpreferred Drug), Remove	1/1/2025

Drug name	Change	Effective date
	QL	
ITRACONAZOLE SOL 10MG/ML	Remove PA	1/1/2025
JAIMIESS TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
JAKAFI TAB 15MG	Remove QL	1/1/2025
JAKAFI TAB 20MG	Remove QL	1/1/2025
JAKAFI TAB 25MG	Remove QL	1/1/2025
JAKAFI TAB 5MG	Remove QL	1/1/2025
JANUMET TAB 50-1000	Remove QL	1/1/2025
JANUMET TAB 50-500MG	Remove QL	1/1/2025
JANUMET XR TAB 100-1000	Remove QL	1/1/2025
JANUMET XR TAB 50-1000	Remove QL	1/1/2025
JANUMET XR TAB 50-500MG	Remove QL	1/1/2025
JASMIEL TAB 3-0.02MG	Change to Tier 3 (Preferred Brand)	1/1/2025
JAVYGTOR TAB 100MG	Remove PA	1/1/2025
JAYPIRCA TAB 100MG	Remove QL	1/1/2025
JAYPIRCA TAB 50MG	QL Decreased	1/1/2025
JENTADUETO TAB 2.5-1000	Add to Tier 3 (Preferred Brand)	1/1/2025
JENTADUETO TAB 2.5-500	Add to Tier 3 (Preferred Brand)	1/1/2025
JENTADUETO TAB 2.5-850	Add to Tier 3 (Preferred Brand)	1/1/2025
JENTADUETO TAB XR	Add to Tier 3 (Preferred Brand)	1/1/2025
JINTELI TAB IMG-5MCG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
JOLESSA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
JOYEAUX TAB 0.1-20	Change to Tier 3 (Preferred Brand)	1/1/2025
JUBLIA SOL 10%	Add to Tier 5 (Specialty)	1/1/2025

Drug name	Change	Effective date
JULEBER TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
JUNEL 1.5/30 TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
JUNEL 1/20 TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
JUNEL FE TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
JUNEL FE TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
JUNEL FE 24 TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
JUXTAPID CAP 10MG	Remove QL, Remove PA	1/1/2025
JUXTAPID CAP 20MG	Remove QL, Remove PA	1/1/2025
JUXTAPID CAP 30MG	Remove QL, Remove PA	1/1/2025
JUXTAPID CAP 5MG	Remove QL, Remove PA	1/1/2025
JYLAMVO SOL 2MG/ML	Change to Tier 5 (Specialty), Add PA	1/1/2025
JYNARQUE PAK 15MG	Remove QL, Remove PA	1/1/2025
JYNARQUE PAK 30-15MG	Remove QL, Remove PA	1/1/2025
JYNARQUE PAK 45-15MG	Remove QL, Remove PA	1/1/2025
JYNARQUE PAK 60-30MG	Remove QL, Remove PA	1/1/2025
JYNARQUE PAK 90-30MG	Remove QL, Remove PA	1/1/2025
JYNARQUE TAB 15MG	Remove QL, Remove PA	1/1/2025
JYNARQUE TAB 30MG	Remove QL, Remove PA	1/1/2025
KAITLIB FE CHW	Add to Tier 3 (Preferred Brand)	1/1/2025
KALLIGA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
KANJINTI INJ 420MG	Remove PA	1/1/2025
KAPSPARGO CAP 100MG	Remove QL	1/1/2025
KAPSPARGO CAP 200MG	Remove QL	1/1/2025
KAPSPARGO CAP 25MG	Remove QL	1/1/2025

Drug name	Change	Effective date
KAPSPARGO CAP 50MG	Remove QL	1/1/2025
KARIVA TAB 28 DAY	Change to Tier 3 (Preferred Brand)	1/1/2025
KATERZIA SUS 1MG/ML	Remove from formulary	1/1/2025
KELNOR TAB 1/35	Change to Tier 3 (Preferred Brand)	1/1/2025
KELNOR 1/50 TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
KETOCONAZOLE CRE 2%	Add QL	1/1/2025
KETOROLAC SOL 0.4%	Change to Tier 3 (Preferred Brand)	1/1/2025
KETOROLAC TAB 10MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
KISQALI TAB 200DOSE	Remove QL	1/1/2025
KISQALI TAB 400DOSE	Remove QL	1/1/2025
KISQALI TAB 600DOSE	Remove QL	1/1/2025
KISQALI 200 PAK FEMARA	Remove QL	1/1/2025
KISQALI 400 PAK FEMARA	Remove QL	1/1/2025
KISQALI 600 PAK FEMARA	Remove QL	1/1/2025
KLAYESTA POW 100000	Add QL	1/1/2025
KLOR-CON 10 TAB 10MEQ ER	Add to Tier 2 (Generic)	1/1/2025
KLOR-CON PAK 20MEQ	Add to Tier 4	1/1/2025
KLOR-CON 8 TAB 8MEQ ER	Add to Tier 2 (Generic)	1/1/2025
KLOR-CON/EF TAB 25MEQ	Add to Tier 2 (Generic)	1/1/2025
KOSELUGO CAP 10MG	Remove QL	1/1/2025
KOSELUGO CAP 25MG	Remove QL	1/1/2025
KOURZEQ PST 0.1%	Change to Tier 3 (Preferred Brand)	1/1/2025
KRAZATI TAB 200MG	Remove QL	1/1/2025
KURVELO TAB 0.15/30	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
LABETALOL INJ 100/20ML	Remove from formulary	1/1/2025
LABETALOL INJ 200/40ML	Remove from formulary	1/1/2025
LABETALOL INJ 5MG/ML	Remove from formulary	1/1/2025
LACOSAMIDE SOL 10MG/ML	Remove QL, Remove ST	1/1/2025
LACOSAMIDE TAB 100MG	Remove QL, Remove ST	1/1/2025
LACOSAMIDE TAB 150MG	Remove QL, Remove ST	1/1/2025
LACOSAMIDE TAB 200MG	Remove QL, Remove ST	1/1/2025
LACOSAMIDE TAB 50MG	Remove QL, Remove ST	1/1/2025
LAMIVUD/ZIDO TAB 150-300	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LAMIVUDINE SOL 10MG/ML	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
LAMIVUDINE TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
LAMIVUDINE TAB 150MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
LAMIVUDINE TAB 300MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
LAPATINIB TAB 250MG	Remove QL	1/1/2025
LARIN TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
LARIN TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
LARIN 24 TAB FE 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
LARIN FE TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
LARIN FE TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
LAYOLIS FE CHW	Add to Tier 3 (Preferred Brand)	1/1/2025
LEENA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
LEFLUNOMIDE TAB 10MG	Remove QL	1/1/2025
LENALIDOMIDE CAP 10MG	Remove QL, Remove PA	1/1/2025
LENALIDOMIDE CAP 15MG	Remove QL, Remove PA	1/1/2025

Drug name	Change	Effective date
LENALIDOMIDE CAP 2.5MG	Remove QL, Remove PA	1/1/2025
LENALIDOMIDE CAP 20MG	Remove QL, Remove PA	1/1/2025
LENALIDOMIDE CAP 25MG	Remove QL, Remove PA	1/1/2025
LENALIDOMIDE CAP 5MG	Remove QL, Remove PA	1/1/2025
LESSINA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
LETROZOLE TAB 2.5MG	Change to Tier 2 (Generic)	1/1/2025
LEUCOVOR CA TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
LEUCOVOR CA TAB 15MG	Change to Tier 3 (Preferred Brand)	1/1/2025
LEUCOVOR CA TAB 25MG	Change to Tier 3 (Preferred Brand)	1/1/2025
LEUCOVOR CA TAB 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
LEUKERAN TAB 2MG	Change to Tier 5 (Specialty)	1/1/2025
LEVALBUTEROL AER 45/ACT	Change to Tier 3 (Preferred Brand)	1/1/2025
LEVALBUTEROL NEB 0.31MG	Add QL	1/1/2025
LEVALBUTEROL NEB 0.63MG	Add QL	1/1/2025
LEVALBUTEROL NEB 1.25MG	Add QL	1/1/2025
LEVETIRACETA TAB 500MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
LEVETIRACETA TAB 750MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
LEVOBUNOLOL SOL 0.5% OP	Change to Tier 2 (Generic)	1/1/2025
LEVOCARNITIN SOL 1GM/10ML	Remove from formulary	1/1/2025
LEVOCETIRIZI SOL 2.5/5ML	Remove from formulary	1/1/2025
LEVO-ETH EST TAB 90-20MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
LEVOFLOXACIN SOL 0.5%	Change to Tier 3 (Preferred Brand)	1/1/2025
LEVOFLOXACIN SOL 25MG/ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LEVOFLOXACIN TAB 250MG	Change to Tier 2 (Generic)	1/1/2025

Drug name	Change	Effective date
LEVOFLOXACIN TAB 500MG	Change to Tier 2 (Generic)	1/1/2025
LEVOFLOXACIN TAB 750MG	Change to Tier 2 (Generic)	1/1/2025
LEVONEST TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
LEVONOR/ETHI TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
LEVONOR/ETHI TAB 0.1-0.02	Change to Tier 3 (Preferred Brand)	1/1/2025
LEVONOR/ETHI TAB 0.1-20	Change to Tier 3 (Preferred Brand)	1/1/2025
LEVONOR/ETHI TAB ESTRADIO	Change to Tier 3 (Preferred Brand)	1/1/2025
LEVONOR/ETHI TAB ESTRADIO	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
LEVORA-28 TAB 0.15/30	Change to Tier 3 (Preferred Brand)	1/1/2025
LEVOXYL TAB 100MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 112MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 125MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 137MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 150MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 175MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 200MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 25MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 50MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 75MCG	Change to Tier 2 (Generic)	1/1/2025
LEVOXYL TAB 88MCG	Change to Tier 2 (Generic)	1/1/2025
LEXETTE AER 0.05%	Remove PA	1/1/2025
LEXIVA SUS 50MG/ML	Add QL	1/1/2025
L-GLUTAMINE POW 5GM	Remove QL, Add PA	1/1/2025
LIDOCAINE GEL 2% JELLY	Remove from formulary	1/1/2025

Drug name	Change	Effective date
LIDOCAINE INJ 0.5%	Remove from formulary	1/1/2025
LIDOCAINE INJ 1%	Remove from formulary	1/1/2025
LIDOCAINE INJ 2%	Remove from formulary	1/1/2025
LIDOCAINE OIN 5%	Add to Tier 3 (Preferred Brand), Add QL, Add PA	1/1/2025
LIDOCAINE OIN 5%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
LIDOCAINE PAD 5%	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
LIDOCAINE SOL 4%	Remove from formulary	1/1/2025
LIDOCAN PAD 5%	Remove from formulary	1/1/2025
LILETTA IUD 52MG	Add to Tier 3 (Preferred Brand)	1/1/2025
LINEZOLID SUS 100/5ML	Change to Tier 5 (Specialty)	1/1/2025
LINEZOLID TAB 600MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LIOTHYRONINE TAB 25MCG	Change to Tier 2 (Generic)	1/1/2025
LIOTHYRONINE TAB 50MCG	Change to Tier 2 (Generic)	1/1/2025
LIOTHYRONINE TAB 5MCG	Change to Tier 2 (Generic)	1/1/2025
LISDEXAMFETA CAP 10MG	Remove QL	1/1/2025
LISDEXAMFETA CAP 20MG	Remove QL	1/1/2025
LISDEXAMFETA CAP 30MG	Remove QL	1/1/2025
LISDEXAMFETA CAP 40MG	Remove QL	1/1/2025
LISDEXAMFETA CAP 50MG	Remove QL	1/1/2025
LISDEXAMFETA CAP 60MG	Remove QL	1/1/2025
LISDEXAMFETA CAP 70MG	Remove QL	1/1/2025
LISDEXAMFETA CHW 10MG	Remove QL	1/1/2025
LISDEXAMFETA CHW 20MG	Remove QL	1/1/2025

Drug name	Change	Effective date
LISDEXAMFETA CHW 30MG	Remove QL	1/1/2025
LISDEXAMFETA CHW 40MG	Remove QL	1/1/2025
LISDEXAMFETA CHW 50MG	Remove QL	1/1/2025
LISDEXAMFETA CHW 60MG	Remove QL	1/1/2025
LISINOP/HCTZ TAB 10-12.5	Change to Tier 6 (Select Care)	1/1/2025
LISINOP/HCTZ TAB 20-12.5	Change to Tier 6 (Select Care)	1/1/2025
LISINOP/HCTZ TAB 20-25MG	Change to Tier 6 (Select Care)	1/1/2025
LISINOPRIL TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
LISINOPRIL TAB 2.5MG	Change to Tier 6 (Select Care)	1/1/2025
LISINOPRIL TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
LISINOPRIL TAB 30MG	Change to Tier 6 (Select Care)	1/1/2025
LISINOPRIL TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
LISINOPRIL TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
LITHIUM CARB TAB 300MG ER	Change to Tier 2 (Generic)	1/1/2025
LITHIUM CARB TAB 450MG ER	Change to Tier 2 (Generic)	1/1/2025
LIVTENCITY TAB 200MG	Remove PA	1/1/2025
LOJAIMIESS TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
LONSURF TAB 15-6.14	Remove QL	1/1/2025
LONSURF TAB 20-8.19	Remove QL	1/1/2025
LOPIN/RITON SOL 80-20/ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LOPIN/RITON TAB 100-25MG	Remove QL	1/1/2025
LOPIN/RITON TAB 200-50MG	Remove QL	1/1/2025
LORAZEPAM CON 2MG/ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
LORAZEPAM INJ 2MG/ML	Remove from formulary	1/1/2025

Drug name	Change	Effective date
LORAZEPAM INJ 4MG/ML	Remove from formulary	1/1/2025
LORAZEPAM TAB 0.5MG	Add QL	1/1/2025
LORAZEPAM TAB 1MG	Add QL	1/1/2025
LORAZEPAM TAB 2MG	Add QL	1/1/2025
LORYNA TAB 3-0.02MG	Change to Tier 3 (Preferred Brand)	1/1/2025
LOSARTAN POT TAB 100MG	Change to Tier 6 (Select Care)	1/1/2025
LOSARTAN POT TAB 25MG	Change to Tier 6 (Select Care)	1/1/2025
LOSARTAN POT TAB 50MG	Change to Tier 6 (Select Care)	1/1/2025
LOSARTAN/HCT TAB 100-12.5	Change to Tier 6 (Select Care)	1/1/2025
LOSARTAN/HCT TAB 100-25	Change to Tier 6 (Select Care)	1/1/2025
LOSARTAN/HCT TAB 50-12.5	Change to Tier 6 (Select Care)	1/1/2025
LOTEMAX SM GEL 0.38%	Add QL	1/1/2025
LOVASTATIN TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
LOVASTATIN TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
LOVASTATIN TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
LOW-OGESTREL TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
LO-ZUMANDIMI TAB 3-0.02MG	Change to Tier 3 (Preferred Brand)	1/1/2025
LUBIPROSTONE CAP 24MCG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LUBIPROSTONE CAP 8MCG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LUMAKRAS TAB 120MG	Remove QL	1/1/2025
LUMAKRAS TAB 320MG	Remove QL	1/1/2025
LUMIGAN SOL 0.01% OP	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
LUPKYNIS CAP 7.9MG	Remove QL, Remove PA	1/1/2025
LUPR DEP-PED INJ 11.25MG	Add QL	1/1/2025

Drug name	Change	Effective date
LUPR DEP-PED INJ 15MG	Add QL	1/1/2025
LUTERA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
LYBALVI TAB 10-10MG	Remove PA, Add ST	1/1/2025
LYBALVI TAB 15-10MG	Remove PA, Add ST	1/1/2025
LYBALVI TAB 20-10MG	Remove PA, Add ST	1/1/2025
LYBALVI TAB 5-10MG	Remove PA, Add ST	1/1/2025
LYLLANA DIS 0.025MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LYLLANA DIS 0.0375MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LYLLANA DIS 0.05MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LYLLANA DIS 0.075MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LYLLANA DIS 0.1MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
LYNPARZA TAB 100MG	Remove QL	1/1/2025
LYNPARZA TAB 150MG	Remove QL	1/1/2025
LYTGOBI TAB 4MG	Remove QL	1/1/2025
LYUMJEV INJ 100UT/ML	Add to Tier 3 (Preferred Brand)	1/1/2025
LYUMJEV KWPN INJ 100UT/ML	Add to Tier 3 (Preferred Brand)	1/1/2025
LYUMJEV KWPN INJ 200UT/ML	Add to Tier 3 (Preferred Brand)	1/1/2025
MARLISSA TAB 0.15/30	Change to Tier 3 (Preferred Brand)	1/1/2025
MATZIM LA TAB 180MG/24	Add to Tier 4	1/1/2025
MATZIM LA TAB 240MG/24	Add to Tier 4	1/1/2025
MATZIM LA TAB 300MG/24	Add to Tier 4	1/1/2025
MATZIM LA TAB 360MG/24	Add to Tier 4	1/1/2025
MATZIM LA TAB 420MG/24	Add to Tier 4	1/1/2025
MAVENCLAD PAK 10MG(10)	Remove QL	1/1/2025

Drug name	Change	Effective date
MAVENCLAD PAK 10MG(4)	Remove QL	1/1/2025
MAVENCLAD PAK 10MG(5)	Remove QL	1/1/2025
MAVENCLAD PAK 10MG(6)	Remove QL	1/1/2025
MAVENCLAD PAK 10MG(7)	Remove QL	1/1/2025
MAYZENT PAK STARTER	Add to Tier 4 (Nonpreferred Drug), QL, PA	1/1/2025
MAYZENT TAB 0.25MG	Add to Tier 5 (Specialty), PA	1/1/2025
MAYZENT TAB 1MG	Add to Tier 5 (Specialty), PA	1/1/2025
MAYZENT TAB 2MG	Add to Tier 5 (Specialty), PA	1/1/2025
MECLIZINE TAB 12.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
MECLIZINE TAB 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
MEDROXYPR AC TAB 10MG	Change to Tier 1 (Preferred Generic)	1/1/2025
MEDROXYPR AC TAB 2.5MG	Change to Tier 1 (Preferred Generic)	1/1/2025
MEDROXYPR AC TAB 5MG	Change to Tier 1 (Preferred Generic)	1/1/2025
MEGESTROL AC SUS 40MG/ML	Change to Tier 3 (Preferred Brand)	1/1/2025
MEKINIST SOL 0.05/ML	Remove QL	1/1/2025
MEKINIST TAB 0.5MG	Remove QL	1/1/2025
MEKINIST TAB 2MG	Remove QL	1/1/2025
MEKTOVI TAB 15MG	Remove QL	1/1/2025
MEMANT TITRA PAK 5-10MG	Change to Tier 2 (Generic)	1/1/2025
MEMANTINE SOL 2MG/ML	Remove from formulary	1/1/2025
MEMANTINE TAB 10MG	Change to Tier 2 (Generic)	1/1/2025
MEMANTINE TAB 5MG	Change to Tier 2 (Generic)	1/1/2025
MEMANTINE TAB HCL 10MG	Change to Tier 2 (Generic)	1/1/2025
MEMANTINE TAB HCL 5MG	Change to Tier 2 (Generic)	1/1/2025

Drug name	Change	Effective date
MEMANTINE HC SOL 2MG/ML	Remove from formulary	1/1/2025
MENEST TAB 2.5MG	Add to Tier 4	1/1/2025
MERCAPTOPUR TAB 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
MERZEE CAP 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
MESALAMINE CAP 0.375GM	Remove QL	1/1/2025
MESALAMINE CAP 400MG DR	Remove QL	1/1/2025
MESALAMINE ENE 4GM	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
MESALAMINE KIT 4GM	Add to Tier 4	1/1/2025
MESALAMINE SUP 1000MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
MESALAMINE TAB 1.2GM	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
MESALAMINE TAB 800MG DR	Remove from formulary	1/1/2025
METAXALONE TAB 800MG	Remove from formulary	1/1/2025
METFORMIN SOL 500/5ML	Remove from formulary	1/1/2025
METFORMIN TAB 1000MG	Change to Tier 6 (Select Care)	1/1/2025
METFORMIN TAB 500MG	Change to Tier 6 (Select Care)	1/1/2025
METFORMIN TAB 500MG ER	Change to Tier 6 (Select Care)	1/1/2025
METFORMIN TAB 750MG ER	Change to Tier 6 (Select Care)	1/1/2025
METFORMIN TAB 850MG	Change to Tier 6 (Select Care)	1/1/2025
METHADONE CON 10MG/ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
METHADONE CON 10MG/ML	Remove from formulary	1/1/2025
METHADONE SOL 10MG/5ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
METHADONE SOL 5MG/5ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
METHADONE TAB 10MG	Remove QL	1/1/2025

Drug name	Change	Effective date
METHADONE TAB 5MG	Remove QL	1/1/2025
METHENAM HIP TAB 1GM	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
METHIMAZOLE TAB 10MG	Change to Tier 2 (Generic)	1/1/2025
METHIMAZOLE TAB 5MG	Change to Tier 2 (Generic)	1/1/2025
METHOTREXATE TAB 2.5MG	Change to Tier 2 (Generic)	1/1/2025
METHOTREXATE INJ 1GM	Add to Tier 2 (Generic)	1/1/2025
METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML)	Add to Tier 2 (Generic)	1/1/2025
METHYLDOPA TAB 250MG	Add to Tier 4	1/1/2025
METHYLDOPA TAB 500MG	Add to Tier 4	1/1/2025
METHYLPHENID CAP 10MG	Remove QL	1/1/2025
METHYLPHENID CAP 10MG ER	Remove QL	1/1/2025
METHYLPHENID CAP 20MG	Remove QL	1/1/2025
METHYLPHENID CAP 20MG ER	Remove QL	1/1/2025
METHYLPHENID CAP 30MG	Remove QL	1/1/2025
METHYLPHENID CAP 30MG ER	Remove QL	1/1/2025
METHYLPHENID CAP 40MG ER	Remove QL	1/1/2025
METHYLPHENID CAP 50MG	Remove QL	1/1/2025
METHYLPHENID CAP 60MG	Remove QL	1/1/2025
METHYLPHENID CAP 60MG LA	Remove QL	1/1/2025
METHYLPHENID SOL 10MG/5ML	Remove QL	1/1/2025
METHYLPHENID SOL 5MG/5ML	Remove QL	1/1/2025
METHYLPHENID TAB 10MG	QL Decreased	1/1/2025
METHYLPHENID TAB 10MG ER	Remove QL	1/1/2025

Drug name	Change	Effective date
METHYLPHENID TAB 18MG ER	Remove QL	1/1/2025
METHYLPHENID TAB 20MG	QL Decreased	1/1/2025
METHYLPHENID TAB 20MG ER	Remove QL	1/1/2025
METOCLOPRAM SOL 10/10ML	Change to Tier 2 (Generic)	1/1/2025
METOCLOPRAM SOL 5MG/5ML	Change to Tier 2 (Generic)	1/1/2025
METOPROL TAR TAB 37.5MG	Change to Tier 1 (Preferred Generic)	1/1/2025
METOPROL TAR TAB 75MG	Change to Tier 1 (Preferred Generic)	1/1/2025
METRONIDAZOL CRE 0.75%	Change to Tier 3 (Preferred Brand)	1/1/2025
METRONIDAZOL GEL 0.75%	Change to Tier 3 (Preferred Brand)	1/1/2025
METRONIDAZOL GEL 0.75%VAG	Change to Tier 3 (Preferred Brand)	1/1/2025
METRONIDAZOL TAB 250MG	Change to Tier 1 (Preferred Generic)	1/1/2025
METRONIDAZOL TAB 500MG	Change to Tier 1 (Preferred Generic)	1/1/2025
METYROSINE CAP 250MG	Add PA	1/1/2025
MEXILETINE CAP 150MG	Change to Tier 3 (Preferred Brand)	1/1/2025
MEXILETINE CAP 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
MEXILETINE CAP 250MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
MIBELAS 24 CHW FE	Add to Tier 3 (Preferred Brand)	1/1/2025
MICAFUNGIN INJ NACL	Add to Tier 4 (Nonpreferred Drug)	1/1/2025
MICONAZOLE 3 SUP 200MG	Remove from formulary	1/1/2025
MICRGSTIN 24 TAB FE 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
MICROGESTIN TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
MICROGESTIN TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
MICROGESTIN TAB FE 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
MICROGESTIN TAB FE1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
MIDAZOLAM SYP 2MG/ML	Remove from formulary	1/1/2025
MIGERGOT SUP 2/100	Remove QL	1/1/2025
MIGLITOL TAB 100MG	Remove QL	1/1/2025
MIGLITOL TAB 25MG	Remove QL	1/1/2025
MIGLITOL TAB 50MG	Remove QL	1/1/2025
MILI TAB 0.25/35	Change to Tier 3 (Preferred Brand)	1/1/2025
MIMVEY TAB 1-0.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
MINOCYCLINE CAP 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
MINOCYCLINE CAP 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
MINOCYCLINE CAP 75MG	Change to Tier 3 (Preferred Brand)	1/1/2025
MIRTAZAPINE TAB 7.5MG	Remove QL	1/1/2025
MISOPROSTOL TAB 100MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
MISOPROSTOL TAB 200MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
MITOXANTRON INJ 2MG/ML	Remove from formulary	1/1/2025
M-NATAL PLUS TAB	Remove from formulary	1/1/2025
MODAFINIL TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
MODAFINIL TAB 200MG	Change to Tier 3 (Preferred Brand), QL Decreased	1/1/2025
MOEXIPRIL TAB 15MG	Change to Tier 6 (Select Care)	1/1/2025
MOEXIPRIL TAB 7.5MG	Change to Tier 6 (Select Care)	1/1/2025
MOLINDONE TAB HCL 10MG	Remove QL	1/1/2025
MOLINDONE TAB HCL 25MG	Remove QL	1/1/2025
MOLINDONE TAB HCL 5MG	Remove QL	1/1/2025
MONO-LINYAH TAB 0.25-35	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
MONTELUKAST CHW 4MG	Change to Tier 2 (Generic)	1/1/2025
MONTELUKAST CHW 5MG	Change to Tier 2 (Generic)	1/1/2025
MONTELUKAST GRA 4MG	Add to Tier 2 (Generic)	1/1/2025
MORPHINE SUL CAP 100MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 10MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 120MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 20MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 30MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 45MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 50MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 60MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 75MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 80MG ER	Remove QL	1/1/2025
MORPHINE SUL CAP 90MG ER	Remove QL	1/1/2025
MORPHINE SUL SOL 100/5ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
MORPHINE SUL SOL 10MG/5ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
MORPHINE SUL SOL 20MG/5ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
MORPHINE SUL SOL 20MG/ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
MORPHINE SUL TAB 100MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
MORPHINE SUL TAB 15MG	Remove QL	1/1/2025
MORPHINE SUL TAB 15MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
MORPHINE SUL TAB 200MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
MORPHINE SUL TAB 30MG	Remove QL	1/1/2025
MORPHINE SUL TAB 30MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025

Drug name	Change	Effective date
MORPHINE SUL TAB 60MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
MOTEGRITY TAB 1MG	Change to Tier 3 (Preferred Brand), Remove PA	1/1/2025
MOTEGRITY TAB 2MG	Change to Tier 3 (Preferred Brand), Remove PA	1/1/2025
MOVANTIK TAB 12.5MG	Remove from formulary	1/1/2025
MOVANTIK TAB 25MG	Remove from formulary	1/1/2025
MOXIFLOXACIN SOL 0.5%	Change to Tier 3 (Preferred Brand)	1/1/2025
MOXIFLOXACIN SOL 0.5%	Remove from formulary	1/1/2025
MOXIFLOXACIN SOL HCL 0.5%	Change to Tier 3 (Preferred Brand)	1/1/2025
MOXIFLOXACIN TAB 400MG	Change to Tier 3 (Preferred Brand)	1/1/2025
MULPLETA TAB 3MG	Remove QL, Remove PA	1/1/2025
MULTAQ TAB 400MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
MUPIROCIN OIN 2%	Add QL	1/1/2025
MYCOPHENOLAT CAP 250MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
MYCOPHENOLAT TAB 500MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
MYFEMBREE TAB	Remove from formulary	1/1/2025
MYRBETRIQ SUS 8MG/ML	Remove QL	1/1/2025
MYRBETRIQ TAB 25MG	Remove QL	1/1/2025
MYRBETRIQ TAB 50MG	Remove QL	1/1/2025
NALOXONE SPR 4MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NALOXONE HCL SPR 4MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NAMZARIC CAP 14-10MG	Add to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
NAMZARIC CAP 21-10MG	Add to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
NAMZARIC CAP 28-10MG	Add to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
NAMZARIC CAP 7-10MG	Add to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025

Drug name	Change	Effective date
NAPROXEN SUS 125/5ML	Remove from formulary	1/1/2025
NAPROXEN TAB 375MG	Change to Tier 1 (Preferred Generic)	1/1/2025
NAPROXEN DR TAB 375MG	Change to Tier 2 (Generic)	1/1/2025
NAPROXEN SOD TAB 275MG	Change to Tier 3 (Preferred Brand)	1/1/2025
NAPROXEN SOD TAB 550MG	Change to Tier 3 (Preferred Brand)	1/1/2025
NARATRIPTAN TAB 1MG	Change to Tier 3 (Preferred Brand)	1/1/2025
NARATRIPTAN TAB 2.5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
NATEGLINIDE TAB 120MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
NATEGLINIDE TAB 60MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
NAYZILAM SPR 5MG	Change to Tier 4 (Nonpreferred Drug), Remove PA	1/1/2025
NEBIVOLOL TAB 10MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NEBIVOLOL TAB 2.5MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NEBIVOLOL TAB 20MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NEBIVOLOL TAB 5MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NECON TAB 0.5/35	Change to Tier 3 (Preferred Brand)	1/1/2025
NEFAZODONE TAB 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
NEFAZODONE TAB 150MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
NEFAZODONE TAB 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
NEFAZODONE TAB 250MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
NEFAZODONE TAB 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
NEO/BAC/POLY OIN OP	Change to Tier 3 (Preferred Brand)	1/1/2025
NEO/POLY/BAC OIN /HC 1%OP	Change to Tier 3 (Preferred Brand)	1/1/2025
NEO/POLY/BAC OIN OP	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
NEO/POLY/GRA SOL OP	Change to Tier 3 (Preferred Brand)	1/1/2025
NEO/POLY/HC SOL 1% OTIC	Change to Tier 3 (Preferred Brand)	1/1/2025
NEO/POLY/HC SUS 1% OTIC	Change to Tier 3 (Preferred Brand)	1/1/2025
NEO/POLY/HC SUS OP	Remove from formulary	1/1/2025
NEO-POLYCIN OIN HC 1%OP	Add to Tier 3 (Preferred Brand)	1/1/2025
NEO-POLYCIN OIN OP	Add to Tier 3 (Preferred Brand)	1/1/2025
NEUAC GEL 1.2-5%	Remove from formulary	1/1/2025
NEUPRO DIS 1MG/24HR	Remove QL	1/1/2025
NEUPRO DIS 2MG/24HR	Remove QL	1/1/2025
NEUPRO DIS 3MG/24HR	Remove QL	1/1/2025
NEUPRO DIS 4MG/24HR	Remove QL	1/1/2025
NEUPRO DIS 6MG/24HR	Remove QL	1/1/2025
NEUPRO DIS 8MG/24HR	Remove QL	1/1/2025
NEVIRAPINE SUS 50MG/5ML	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
NEVIRAPINE TAB 100MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
NEVIRAPINE TAB 200MG	Add QL	1/1/2025
NEVIRAPINE TAB 400MG ER	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
NEXLETOL TAB 180MG	Add to Tier 4 (Nonpreferred Drug), QL, PA	1/1/2025
NEXLIZET TAB 180/10MG	Add to Tier 4 (Nonpreferred Drug), QL, PA	1/1/2025
NIACIN TAB 500MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NIACIN ER TAB 1000MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NIACIN ER TAB 500MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NIACIN ER TAB 500MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NIACIN ER TAB 750MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025

Drug name	Change	Effective date
NICOTROL INH	Remove QL	1/1/2025
NICOTROL NS SPR 10MG/ML	Add QL	1/1/2025
NIFEDIPINE CAP 10MG	Remove from formulary	1/1/2025
NIFEDIPINE CAP 20MG	Remove from formulary	1/1/2025
NIFEDIPINE TAB 30MG ER	Remove QL	1/1/2025
NIFEDIPINE TAB 60MG ER	Remove QL	1/1/2025
NIFEDIPINE TAB 90MG ER	Remove QL	1/1/2025
NIKKI TAB 3-0.02MG	Change to Tier 3 (Preferred Brand)	1/1/2025
NINLARO CAP 2.3MG	Remove QL	1/1/2025
NINLARO CAP 3MG	Remove QL	1/1/2025
NINLARO CAP 4MG	Remove QL	1/1/2025
NISOLDIPINE TAB 17MG ER	Remove QL	1/1/2025
NISOLDIPINE TAB 20MG ER	Remove QL	1/1/2025
NISOLDIPINE TAB 25.5MG	Remove QL	1/1/2025
NISOLDIPINE TAB 30MG ER	Remove QL	1/1/2025
NISOLDIPINE TAB 34MG ER	Remove QL	1/1/2025
NISOLDIPINE TAB 40MG ER	Remove QL	1/1/2025
NISOLDIPINE TAB 8.5MG ER	Remove QL	1/1/2025
NITAZOXANIDE TAB 500MG	Remove QL	1/1/2025
NITISINONE CAP 10MG	Remove PA	1/1/2025
NITISINONE CAP 20MG	Remove PA	1/1/2025
NITISINONE CAP 2MG	Remove PA	1/1/2025
NITISINONE CAP 5MG	Remove PA	1/1/2025
NITRO-BID OIN 2%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
NITROFUR MAC CAP 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
NITROFUR MAC CAP 25MG	Remove from formulary	1/1/2025
NITROFUR MAC CAP 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
NITROFURANTN SUS 25MG/5ML	Remove from formulary	1/1/2025
NITROGLYCERI OIN 0.4%	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
NITYR TAB 10MG	Remove PA	1/1/2025
NITYR TAB 2MG	Remove PA	1/1/2025
NITYR TAB 5MG	Remove PA	1/1/2025
NIZATIDINE CAP 150MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
NIZATIDINE CAP 300MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
NOCDURNA SUB 27.7MCG	Remove QL	1/1/2025
NOCDURNA SUB 55.3MCG	Remove QL	1/1/2025
NOR/EST/FF TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
NORDITROPIN INJ 10/1.5ML	Remove PA	1/1/2025
NORDITROPIN INJ 15/1.5ML	Remove PA	1/1/2025
NORDITROPIN INJ 30/3ML	Remove PA	1/1/2025
NORDITROPIN INJ 5/1.5ML	Remove PA	1/1/2025
NORE/ETH/FER CAP 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
NORE/ETH/FER CHW 0.4MG-35	Add to Tier 3 (Preferred Brand)	1/1/2025
NORELGE/ETHI DIS 150/35	Change to Tier 3 (Preferred Brand)	1/1/2025
NORETH/ETHIN CHW FE	Add to Tier 3 (Preferred Brand)	1/1/2025
NORETH/ETHIN CHW FE 1/20	Add to Tier 3 (Preferred Brand)	1/1/2025
NORETH/ETHIN TAB 0.5-2.5	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
NORETH/ETHIN TAB 1.5/30	Change to Tier 3 (Preferred Brand)	1/1/2025
NORETH/ETHIN TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
NORETH/ETHIN TAB IMG-5MCG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
NORETH/ETHIN TAB FE	Change to Tier 3 (Preferred Brand)	1/1/2025
NORETH/ETHIN TAB FE 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
NORGEST/ETHI TAB 0.25/35	Change to Tier 3 (Preferred Brand)	1/1/2025
NORGEST/ETHI TAB ESTRADIO	Change to Tier 3 (Preferred Brand)	1/1/2025
NORLIQVA SOL IMG/ML	Remove from formulary	1/1/2025
NORPACE CAP 100MG CR	Remove from formulary	1/1/2025
NORPACE CAP 150MG CR	Remove from formulary	1/1/2025
NORTREL TAB 0.5/35	Change to Tier 3 (Preferred Brand)	1/1/2025
NORTREL TAB 1/35	Change to Tier 3 (Preferred Brand)	1/1/2025
NORTREL TAB 7/7/7	Change to Tier 3 (Preferred Brand)	1/1/2025
NORVIR POW 100MG	Add QL	1/1/2025
NORVIR SOL 80MG/ML	Add to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
NOVOPEN ECHO MIS	Remove from formulary	1/1/2025
NOXAFIL PAK 300MG	Remove PA	1/1/2025
NP THYROID TAB 120MG	Add to Tier 4	1/1/2025
NP THYROID TAB 15MG	Add to Tier 4	1/1/2025
NP THYROID TAB 30MG	Add to Tier 4	1/1/2025
NP THYROID TAB 60MG	Add to Tier 4	1/1/2025
NP THYROID TAB 90MG	Add to Tier 4	1/1/2025
NUBEQA TAB 300MG	Remove QL	1/1/2025
NUCYNTA TAB 100MG	Remove QL	1/1/2025

Drug name	Change	Effective date
NUCYNTA TAB 50MG	Remove QL	1/1/2025
NUCYNTA TAB 75MG	Remove QL	1/1/2025
NUCYNTA ER TAB 100MG	Remove QL	1/1/2025
NUCYNTA ER TAB 150MG	Remove QL	1/1/2025
NUCYNTA ER TAB 200MG	Remove QL	1/1/2025
NUCYNTA ER TAB 250MG	Remove QL	1/1/2025
NUCYNTA ER TAB 50MG	Remove QL	1/1/2025
NUEDEXTA CAP 20-10MG	Change to Tier 5 (Specialty), Remove QL	1/1/2025
NUPLAZID CAP 34MG	Remove QL	1/1/2025
NUPLAZID TAB 10MG	Remove QL	1/1/2025
NURTEC TAB 75MG ODT	Remove QL, Remove PA	1/1/2025
NUTROPIN AQ INJ 10MG/2ML	Remove PA	1/1/2025
NUTROPIN AQ INJ 20MG/2ML	Remove PA	1/1/2025
NUTROPIN AQ INJ NUSPIN 5	Remove PA	1/1/2025
NYAMYC POW 100000	Add QL	1/1/2025
NYLIA TAB 1/35	Change to Tier 3 (Preferred Brand)	1/1/2025
NYLIA TAB 7/7/7	Change to Tier 3 (Preferred Brand)	1/1/2025
NYMALIZE SOL	Remove from formulary	1/1/2025
NYMYO TAB 0.25-35	Change to Tier 3 (Preferred Brand)	1/1/2025
NYSTAT/TRIAM CRE	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NYSTAT/TRIAM OIN	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
NYSTATIN CRE 100000	Remove QL	1/1/2025
NYSTATIN OIN 100000	Remove QL	1/1/2025
NYSTATIN OIN 100000U	Remove QL	1/1/2025

Drug name	Change	Effective date
NYSTATIN POW 100000	Add QL	1/1/2025
NYSTATIN TAB 500000	Change to Tier 3 (Preferred Brand)	1/1/2025
NYSTOP POW 100000	Add QL	1/1/2025
OICALIVA TAB 10MG	Remove QL, Remove PA	1/1/2025
OICALIVA TAB 5MG	Remove QL, Remove PA	1/1/2025
OCELLA TAB 3-0.03MG	Change to Tier 3 (Preferred Brand)	1/1/2025
OCTREOTIDE INJ 1000/5ML	Change to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
OCTREOTIDE INJ 1000MCG	Change to Tier 5 (Specialty), Add PA	1/1/2025
OCTREOTIDE INJ 200MCG	Change to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
OCTREOTIDE INJ 5000/5ML	Change to Tier 5 (Specialty), Add PA	1/1/2025
ODOMZO CAP 200MG	Remove QL	1/1/2025
OFEV CAP 100MG	Remove QL	1/1/2025
OFEV CAP 150MG	Remove QL	1/1/2025
OFLOXACIN DRO 0.3%OTIC	Change to Tier 3 (Preferred Brand)	1/1/2025
OGIVRI INJ 420MG	Remove PA	1/1/2025
OGSIVEO TAB 100MG	Remove QL	1/1/2025
OGSIVEO TAB 150MG	Remove QL	1/1/2025
OGSIVEO TAB 50MG	Remove QL	1/1/2025
OJJAARA TAB 100MG	Remove QL	1/1/2025
OJJAARA TAB 150MG	Remove QL	1/1/2025
OJJAARA TAB 200MG	Remove QL	1/1/2025
OLANZAPINE TAB 10MG	Add QL	1/1/2025
OLANZAPINE TAB 10MG ODT	Change to Tier 3 (Preferred Brand)	1/1/2025
OLANZAPINE TAB 15MG	Add QL	1/1/2025

Drug name	Change	Effective date
OLANZAPINE TAB 15MG ODT	Change to Tier 3 (Preferred Brand)	1/1/2025
OLANZAPINE TAB 2.5MG	Add QL	1/1/2025
OLANZAPINE TAB 20MG	Add QL	1/1/2025
OLANZAPINE TAB 20MG ODT	Change to Tier 3 (Preferred Brand)	1/1/2025
OLANZAPINE TAB 5MG	Add QL	1/1/2025
OLANZAPINE TAB 5MG ODT	Change to Tier 3 (Preferred Brand)	1/1/2025
OLANZAPINE TAB 7.5MG	Add QL	1/1/2025
OLM MED/HCTZ TAB 20-12.5	Change to Tier 6 (Select Care)	1/1/2025
OLM MED/HCTZ TAB 40-12.5	Change to Tier 6 (Select Care)	1/1/2025
OLM MED/HCTZ TAB 40-25MG	Change to Tier 6 (Select Care)	1/1/2025
OLMESA MEDOX TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
OLMESA MEDOX TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
OLMESA MEDOX TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
OLOPATADINE DRO 0.1%	Change to Tier 3 (Preferred Brand)	1/1/2025
OLOPATADINE SOL 0.2%	Add to Tier 3 (Preferred Brand)	1/1/2025
OMEGA-3-ACID CAP 1GM	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
OMEPRAZOLE CAP 10MG	Change to Tier 1 (Preferred Generic), Add QL	1/1/2025
OMEPRAZOLE CAP 20MG	Change to Tier 1 (Preferred Generic), Add QL	1/1/2025
OMEPRAZOLE CAP 40MG	Change to Tier 1 (Preferred Generic), Add QL	1/1/2025
OMNIPOD MIS CLASSIC	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD 5 G6 KIT INTRO	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD 5 G6 KIT INTRO	Remove PA	1/1/2025
OMNIPOD 5 G6 MIS PODS	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD 5 G6 MIS PODS	Remove PA	1/1/2025

Drug name	Change	Effective date
OMNIPOD 5 G7 KIT INTRO	Remove PA	1/1/2025
OMNIPOD 5 G7 MIS PODS	Remove PA	1/1/2025
OMNIPOD DASH KIT INTRO	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD DASH KIT PDM	Remove PA	1/1/2025
OMNIPOD DASH MIS PODS	Remove PA	1/1/2025
OMNIPOD GO KIT 10UNT/DY	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD GO KIT 15UNT/DY	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD GO KIT 20UNT/DY	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD GO KIT 25UNT/DY	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD GO KIT 30UNT/DY	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD GO KIT 35UNT/DY	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD GO KIT 40UNT/DY	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
OMNIPOD PDM KIT CLASSIC	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
ONDANSETRON SOL 4MG/5ML	Add QL	1/1/2025
ONDANSETRON TAB 4MG	Change to Tier 1 (Preferred Generic)	1/1/2025
ONDANSETRON TAB 8MG	Change to Tier 1 (Preferred Generic)	1/1/2025
ONTRUZANT INJ 420MG	Remove PA	1/1/2025
ONUREG TAB 200MG	Remove QL	1/1/2025
ONUREG TAB 300MG	Remove QL	1/1/2025
OPZELURA CRE 1.5%	Remove PA	1/1/2025
ORALONE DENT PST 0.1%	Change to Tier 3 (Preferred Brand)	1/1/2025
ORGOVYX TAB 120MG	Remove QL	1/1/2025
ORILISSA TAB 150MG	Remove QL, Remove PA	1/1/2025
ORILISSA TAB 200MG	Remove QL, Remove PA	1/1/2025

Drug name		Change	Effective date
ORKAMBI	GRA 100-125	Remove QL, Remove PA	1/1/2025
ORKAMBI	GRA 150-188	Remove QL, Remove PA	1/1/2025
ORKAMBI	GRA 75-94MG	Remove QL, Remove PA	1/1/2025
ORLADEYO	CAP 110MG	Remove QL, Remove PA	1/1/2025
ORLADEYO	CAP 150MG	Remove QL, Remove PA	1/1/2025
ORPHENADRINE TAB 100MG ER		Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ORSERDU	TAB 345MG	Remove QL	1/1/2025
ORSERDU	TAB 86MG	Remove QL	1/1/2025
OSELTAMIVIR	CAP 30MG	Change to Tier 3 (Preferred Brand)	1/1/2025
OSELTAMIVIR	CAP 45MG	Change to Tier 3 (Preferred Brand)	1/1/2025
OSELTAMIVIR	CAP 75MG	Change to Tier 3 (Preferred Brand)	1/1/2025
OSELTAMIVIR	SUS 6MG/ML	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
OSMOLEX ER	TAB	Add to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
OSMOLEX ER	TAB 129MG	Add to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
OSMOLEX ER	TAB 193MG	Add to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
OSPHENA	TAB 60MG	Change to Tier 3 (Preferred Brand), Add QL, Add PA	1/1/2025
OXAPROZIN	TAB 600MG	Change to Tier 3 (Preferred Brand)	1/1/2025
OXAZEPAM	CAP 10MG	Remove from formulary	1/1/2025
OXAZEPAM	CAP 15MG	Remove from formulary	1/1/2025
OXAZEPAM	CAP 30MG	Remove from formulary	1/1/2025
OXBRYTA	TAB 300MG	Remove QL, Remove PA	1/1/2025
OXBRYTA	TAB 500MG	Remove QL, Remove PA	1/1/2025
OXCARBAZEPIN SUS 300/5ML		Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
OXCARBAZEPIN SUS 300MG/5M	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
OXERVATE SOL 20MCG/ML	Remove QL, Remove PA	1/1/2025
OXYBUTYNIN SOL 5MG/5ML	Change to Tier 2 (Generic)	1/1/2025
OXYBUTYNIN TAB 10MG ER	Remove QL	1/1/2025
OXYBUTYNIN TAB 15MG ER	Remove QL	1/1/2025
OXYBUTYNIN TAB 5MG ER	Remove QL	1/1/2025
OXYCOD/APAP TAB 10-325MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
OXYCOD/APAP TAB 2.5-325	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
OXYCOD/APAP TAB 5-325MG	Remove QL	1/1/2025
OXYCOD/APAP TAB 7.5-325	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
OXYCODONE CAP 5MG	Remove QL	1/1/2025
OXYCODONE CAP HCL 5MG	Remove QL	1/1/2025
OXYCODONE CON 10/0.5ML	Remove QL	1/1/2025
OXYCODONE CON 100/5ML	Remove QL	1/1/2025
OXYCODONE SOL 5MG/5ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
OXYCODONE TAB 10MG	Remove QL	1/1/2025
OXYCODONE TAB 10MG ER	Remove from formulary	1/1/2025
OXYCODONE TAB 15MG	Remove QL	1/1/2025
OXYCODONE TAB 20MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
OXYCODONE TAB 20MG ER	Remove from formulary	1/1/2025
OXYCODONE TAB 30MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
OXYCODONE TAB 40MG ER	Remove from formulary	1/1/2025
OXYCODONE TAB 5MG	Remove QL	1/1/2025
OXYCODONE TAB 80MG ER	Remove from formulary	1/1/2025

Drug name	Change	Effective date
OXYCONTIN TAB 10MG ER	Remove from formulary	1/1/2025
OXYCONTIN TAB 15MG ER	Remove from formulary	1/1/2025
OXYCONTIN TAB 20MG ER	Remove from formulary	1/1/2025
OXYCONTIN TAB 30MG ER	Remove from formulary	1/1/2025
OXYCONTIN TAB 40MG ER	Remove from formulary	1/1/2025
OXYCONTIN TAB 60MG ER	Remove from formulary	1/1/2025
OXYCONTIN TAB 80MG ER	Remove from formulary	1/1/2025
PACERONE TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PACERONE TAB 200MG	Change to Tier 2 (Generic)	1/1/2025
PACERONE TAB 400MG	Remove from formulary	1/1/2025
PANTOPRAZOLE TAB 20MG	Change to Tier 1 (Preferred Generic), Add QL	1/1/2025
PANTOPRAZOLE TAB 40MG	Change to Tier 1 (Preferred Generic), Add QL	1/1/2025
PARICALCITOL CAP 1 MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
PARICALCITOL CAP 2 MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
PARICALCITOL CAP 4 MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
PAROXETINE SUS 10MG/5ML	Remove QL	1/1/2025
PAZOPANIB TAB 200MG	Remove QL	1/1/2025
PEG/NASUL/C/ SOL NACL/POT	Remove from formulary	1/1/2025
PEG-3350 SOL ELECTROL	Change to Tier 2 (Generic)	1/1/2025
PEG-3350/KCL SOL /SODIUM	Change to Tier 2 (Generic)	1/1/2025
PENICILLN VK SOL 125/5ML	Change to Tier 2 (Generic)	1/1/2025
PENICILLN VK SOL 250/5ML	Change to Tier 2 (Generic)	1/1/2025
PENICILLN VK TAB 250MG	Change to Tier 2 (Generic)	1/1/2025
PENICILLN VK TAB 500MG	Change to Tier 2 (Generic)	1/1/2025

Drug name	Change	Effective date
PENTAZ/NALOX TAB 50-0.5MG	Remove from formulary	1/1/2025
PERINDOPRIL TAB 2MG	Change to Tier 6 (Select Care)	1/1/2025
PERINDOPRIL TAB 4MG	Change to Tier 6 (Select Care)	1/1/2025
PERINDOPRIL TAB 8MG	Change to Tier 6 (Select Care)	1/1/2025
PERIOGARD SOL 0.12%	Remove from formulary	1/1/2025
PERMETHRIN CRE 5%	Change to Tier 3 (Preferred Brand)	1/1/2025
PERPHENAZINE TAB 16MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PERPHENAZINE TAB 2MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PERPHENAZINE TAB 4MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PERPHENAZINE TAB 8MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PERSERIS INJ 120MG	Remove QL	1/1/2025
PERSERIS INJ 90MG	Remove QL	1/1/2025
PHENELZINE TAB 15MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PHENOBARB ELX 20MG/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENOBARB SOL 20MG/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENOBARB TAB 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENOBARB TAB 15MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENOBARB TAB 16.2MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENOBARB TAB 30MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENOBARB TAB 32.4MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENOBARB TAB 60MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENOBARB TAB 64.8MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENOBARB TAB 97.2MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PHENYLEPHRIN SOL 10% OP	Remove from formulary	1/1/2025

Drug name	Change	Effective date
PHENYLEPHRIN SOL 2.5% OP	Remove from formulary	1/1/2025
PHENYTEK CAP 200MG	Change to Tier 2 (Generic)	1/1/2025
PHENYTEK CAP 300MG	Change to Tier 2 (Generic)	1/1/2025
PHENYTOIN CHW 50MG	Change to Tier 2 (Generic)	1/1/2025
PHEXXI GEL	Remove from formulary	1/1/2025
PHILITH TAB 0.4-35	Change to Tier 3 (Preferred Brand)	1/1/2025
PIFELTRO TAB 100MG	Add QL	1/1/2025
PILOCARPINE SOL 1% OP	Change to Tier 3 (Preferred Brand)	1/1/2025
PILOCARPINE SOL 2% OP	Change to Tier 3 (Preferred Brand)	1/1/2025
PILOCARPINE SOL 4% OP	Change to Tier 3 (Preferred Brand)	1/1/2025
PILOCARPINE TAB 5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PILOCARPINE TAB 7.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PIMECROLIMUS CRE 1%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PIMTREA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
PINDOLOL TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PINDOLOL TAB 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PIOGLITA/MET TAB 15-500MG	Add to Tier 6 (Select Care)	1/1/2025
PIOGLITA/MET TAB 15-850MG	Add to Tier 6 (Select Care)	1/1/2025
PIOGLITAZONE TAB 15MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
PIOGLITAZONE TAB 30MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
PIOGLITAZONE TAB 45MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
PIQRAY 200MG TAB DOSE	Remove QL	1/1/2025
PIQRAY 250MG TAB DOSE	Remove QL	1/1/2025
PIQRAY 300MG TAB DOSE	Remove QL	1/1/2025

Drug name	Change	Effective date
PIRFENIDONE CAP 267MG	Remove QL	1/1/2025
PIRFENIDONE TAB 267MG	Remove QL	1/1/2025
PIRFENIDONE TAB 534MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
PIRFENIDONE TAB 801MG	Remove QL	1/1/2025
PIROXICAM CAP 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PIROXICAM CAP 20MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PITAVASTATIN TAB 1MG	Add to Tier 4	1/1/2025
PITAVASTATIN TAB 2MG	Add to Tier 4	1/1/2025
PITAVASTATIN TAB 4MG	Add to Tier 4	1/1/2025
PODOFILOX SOL 0.5%	Change to Tier 3 (Preferred Brand)	1/1/2025
POMALYST CAP 1MG	Remove QL	1/1/2025
POMALYST CAP 2MG	Remove QL	1/1/2025
POMALYST CAP 3MG	Remove QL	1/1/2025
POMALYST CAP 4MG	Remove QL	1/1/2025
PORTIA-28 TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
POSACONAZOLE SUS 200/5ML	Remove QL	1/1/2025
POSACONAZOLE SUS 40MG/ML	Remove QL	1/1/2025
POSACONAZOLE TAB 100MG DR	Change to Tier 5 (Specialty)	1/1/2025
POT CHLORIDE INJ 2MEQ/ML	Remove from formulary	1/1/2025
POT CHLORIDE POW 20MEQ	Add to Tier 4	1/1/2025
POT CHLORIDE SOL 10%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
POT CHLORIDE SOL 20%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
POT CITRA ER TAB 1080MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
POT CITRA ER TAB 1620MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
POT CITRA ER TAB 540MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PRAMIPEXOLE TAB 0.125MG	Change to Tier 2 (Generic)	1/1/2025
PRAMIPEXOLE TAB 0.25MG	Change to Tier 2 (Generic)	1/1/2025
PRAMIPEXOLE TAB 0.375 ER	Remove QL	1/1/2025
PRAMIPEXOLE TAB 0.5MG	Change to Tier 2 (Generic)	1/1/2025
PRAMIPEXOLE TAB 0.75 ER	Remove QL	1/1/2025
PRAMIPEXOLE TAB 0.75MG	Change to Tier 2 (Generic)	1/1/2025
PRAMIPEXOLE TAB 1.5MG	Change to Tier 2 (Generic)	1/1/2025
PRAMIPEXOLE TAB 1.5MG ER	Remove QL	1/1/2025
PRAMIPEXOLE TAB 1MG	Change to Tier 2 (Generic)	1/1/2025
PRAMIPEXOLE TAB 2.25 ER	Remove QL	1/1/2025
PRAMIPEXOLE TAB 3.75 ER	Remove QL	1/1/2025
PRAMIPEXOLE TAB 3MG ER	Remove QL	1/1/2025
PRAMIPEXOLE TAB 4.5MG ER	Remove QL	1/1/2025
PRASUGREL TAB 10MG	Remove QL	1/1/2025
PRASUGREL TAB 5MG	Remove QL	1/1/2025
PRAVASTATIN TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
PRAVASTATIN TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
PRAVASTATIN TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
PRAVASTATIN TAB 80MG	Change to Tier 6 (Select Care)	1/1/2025
PRAZQUANTEL TAB 600MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PRED SOD PHO SOL 1% OP	Remove from formulary	1/1/2025
PRED SOD PHO SOL 5MG/5ML	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREDNISOLONE SUS 1% OP	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
PREDNISONE CON 5MG/ML	Remove from formulary	1/1/2025
PREDNISONE PAK 10MG	Change to Tier 2 (Generic)	1/1/2025
PREDNISONE PAK 5MG	Change to Tier 2 (Generic)	1/1/2025
PREDNISONE SOL 5MG/5ML	Remove from formulary	1/1/2025
PREGABALIN CAP 100MG	Add QL	1/1/2025
PREGABALIN CAP 150MG	Add QL	1/1/2025
PREGABALIN CAP 200MG	Add QL	1/1/2025
PREGABALIN CAP 225MG	Add QL	1/1/2025
PREGABALIN CAP 25MG	Add QL	1/1/2025
PREGABALIN CAP 300MG	Add QL	1/1/2025
PREGABALIN CAP 50MG	Add QL	1/1/2025
PREGABALIN CAP 75MG	Add QL	1/1/2025
PREGABALIN SOL 20MG/ML	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
PREMARIN TAB 0.3MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREMARIN TAB 0.45MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREMARIN TAB 0.625MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREMARIN TAB 0.9MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREMARIN TAB 1.25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREMASOL SOL 10%	Remove PA	1/1/2025
PREMPHASE TAB	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREMPRO TAB	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREMPRO TAB 0.3-1.5	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREMPRO TAB 0.45-1.5	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREMPRO TAB 0.625-5	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
PREP PADS PAD	Change to Tier 3 (Preferred Brand)	1/1/2025
PRETOMANID TAB 200MG	Remove QL	1/1/2025
PREVALITE POW 4GM	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREVALITE POW 4GM PK	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PREVDNT 5000 GEL 1.1-5%	Remove from formulary	1/1/2025
PREVDNT 5000 PST 1.1%	Remove from formulary	1/1/2025
PREVIDENT CRE 5000 PLS	Remove from formulary	1/1/2025
PREVIDENT GEL 1.1%	Remove from formulary	1/1/2025
PREVIDENT GEL 1.1% BER	Remove from formulary	1/1/2025
PREVIDENT GEL 1.1% MIN	Remove from formulary	1/1/2025
PREVIDENT SOL 0.2%	Remove from formulary	1/1/2025
PREVYMIS TAB 240MG	Remove QL, Remove PA	1/1/2025
PREVYMIS TAB 480MG	Remove QL, Remove PA	1/1/2025
PREZISTA SUS 100MG/ML	Add QL	1/1/2025
PREZISTA TAB 150MG	Change to Tier 5 (Specialty), QL Decreased	1/1/2025
PREZISTA TAB 75MG	QL Decreased	1/1/2025
PRIMAQUINE TAB 26.3MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PRIMIDONE TAB 125MG	Add to Tier 2 (Generic)	1/1/2025
PRIMIDONE TAB 250MG	Change to Tier 2 (Generic)	1/1/2025
PRIMIDONE TAB 50MG	Change to Tier 2 (Generic)	1/1/2025
PRO COMFORT PAD ALCOHOL	Remove from formulary	1/1/2025
PROAIR RESPI AER	Change to Tier 3 (Preferred Brand)	1/1/2025
PROBENECID TAB 500MG	Change to Tier 2 (Generic)	1/1/2025
PROCHLORPER SUP 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
PROCRIT INJ 10000/ML	Add to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
PROCRIT INJ 20000/ML	Add to Tier 4 (Nonpreferred Drug), Add PA	1/1/2025
PROCTOFOAM AER HC 1%	Remove from formulary	1/1/2025
PROMACTA TAB 12.5MG	Remove QL	1/1/2025
PROMACTA TAB 25MG	Remove QL	1/1/2025
PROMACTA TAB 50MG	Remove QL	1/1/2025
PROMACTA TAB 75MG	Remove QL	1/1/2025
PROMETHAZINE SOL 6.25/5ML	Change to Tier 3 (Preferred Brand)	1/1/2025
PROMETHAZINE SUP 12.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PROMETHAZINE SUP 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PROMETHEGAN SUP 12.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PROMETHEGAN SUP 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
PROMETHEGAN SUP 50MG	Remove from formulary	1/1/2025
PROPAFENONE TAB 150MG	Change to Tier 2 (Generic)	1/1/2025
PROPAFENONE TAB 225MG	Change to Tier 2 (Generic)	1/1/2025
PROPAFENONE TAB 300MG	Change to Tier 2 (Generic)	1/1/2025
PROPARACAINE SOL 0.5% OP	Remove from formulary	1/1/2025
PROPRANOLOL SOL 20MG/5ML	Remove from formulary	1/1/2025
PROPRANOLOL SOL 40MG/5ML	Remove from formulary	1/1/2025
PROPRANOLOL TAB 10MG	Change to Tier 2 (Generic)	1/1/2025
PROPRANOLOL TAB 20MG	Change to Tier 2 (Generic)	1/1/2025
PROPRANOLOL TAB 40MG	Change to Tier 2 (Generic)	1/1/2025
PROPRANOLOL TAB 60MG	Change to Tier 2 (Generic)	1/1/2025
PROPRANOLOL TAB 80MG	Change to Tier 2 (Generic)	1/1/2025

Drug name	Change	Effective date
PROPYLTHIOUR TAB 50MG	Change to Tier 2 (Generic)	1/1/2025
PROSOL INJ 20%	Remove PA	1/1/2025
PURE COMFORT PAD	Remove from formulary	1/1/2025
PYRAZINAMIDE TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025
PYRIDOSTIGMI SOL 60MG/5ML	Remove from formulary	1/1/2025
PYRIDOSTIGMI TAB 30MG	Add to Tier 2 (Generic)	1/1/2025
PYRIDOSTIGMI TAB ER 180MG	Remove from formulary	1/1/2025
PYRIMETHAMIN TAB 25MG	Add PA	1/1/2025
PYRUKYND TAB 20MGX5MG	QL Decreased	1/1/2025
PYRUKYND TAB 50MGX20M	QL Decreased	1/1/2025
PYRUKYND TAB 5MG TP	QL Decreased	1/1/2025
QBREXZA PAD 2.4%	Remove PA	1/1/2025
QC ALCOHOL PAD SWABS	Change to Tier 3 (Preferred Brand)	1/1/2025
QINLOCK TAB 50MG	Remove QL	1/1/2025
QNAPRIL/HCTZ TAB 10-12.5	Change to Tier 6 (Select Care)	1/1/2025
QNAPRIL/HCTZ TAB 20-12.5	Change to Tier 6 (Select Care)	1/1/2025
QNAPRIL/HCTZ TAB 20-25MG	Change to Tier 6 (Select Care)	1/1/2025
QUETIAPINE TAB 100MG	Add QL	1/1/2025
QUETIAPINE TAB 150MG	Change to Tier 2 (Generic)	1/1/2025
QUETIAPINE TAB 200MG	Add QL	1/1/2025
QUETIAPINE TAB 25MG	Add QL	1/1/2025
QUETIAPINE TAB 300MG	Add QL	1/1/2025
QUETIAPINE TAB 400MG	Add QL	1/1/2025
QUETIAPINE TAB 50MG	Add QL	1/1/2025

Drug name	Change	Effective date
QUINAPRIL TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
QUINAPRIL TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
QUINAPRIL TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
QUINAPRIL TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
QUINIDINE SU TAB 200MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
QUINIDINE SU TAB 300MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
QUININE SULF CAP 324MG	Change to Tier 3 (Preferred Brand)	1/1/2025
QULIPTA TAB 10MG	Change to Tier 5 (Specialty)	1/1/2025
QULIPTA TAB 30MG	Change to Tier 5 (Specialty)	1/1/2025
QULIPTA TAB 60MG	Change to Tier 5 (Specialty)	1/1/2025
RA ALCOHOL PAD SWABS	Change to Tier 3 (Preferred Brand)	1/1/2025
RABEPRAZOLE TAB 20MG	Change to Tier 3 (Preferred Brand)	1/1/2025
RADICAVA ORS SUS 105/5ML	Remove QL, Remove PA	1/1/2025
RADICAVA ORS SUS STARTER	Remove PA	1/1/2025
RALOXIFENE TAB 60MG	Remove QL	1/1/2025
RAMIPRIL CAP 1.25MG	Change to Tier 6 (Select Care)	1/1/2025
RAMIPRIL CAP 10MG	Change to Tier 6 (Select Care)	1/1/2025
RAMIPRIL CAP 2.5MG	Change to Tier 6 (Select Care)	1/1/2025
RAMIPRIL CAP 5MG	Change to Tier 6 (Select Care)	1/1/2025
RANOLAZINE TAB 1000MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
RANOLAZINE TAB 500MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
RASAGILINE TAB 0.5MG	Remove QL	1/1/2025
RASAGILINE TAB 1MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025

Drug name	Change	Effective date
RAYALDEE CAP 30MCG	Remove QL	1/1/2025
REALITY SWAB PAD	Change to Tier 3 (Preferred Brand)	1/1/2025
RECLIPSEN TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
REGRANEX GEL 0.01%	Remove QL	1/1/2025
RELENZA MIS DISKHALE	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
RELISTOR TAB 150MG	Add to Tier 5 (Specialty)	1/1/2025
RELYVRIO PAK 3-1GM	Remove QL, Remove PA	1/1/2025
REPAGLINIDE TAB 0.5MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
REPAGLINIDE TAB 1MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
REPAGLINIDE TAB 2MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
RESTASIS EMU 0.05% OP	Add to Tier 3 (Preferred Brand)	1/1/2025
RESTASIS MUL EMU 0.05% OP	Add to Tier 3 (Preferred Brand)	1/1/2025
RETACRIT INJ 10000UNT	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
RETACRIT INJ 20000UNI	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
RETEVMO CAP 40MG	Remove QL	1/1/2025
RETEVMO CAP 80MG	Remove QL	1/1/2025
REVLIMID CAP 10MG	Remove PA	1/1/2025
REVLIMID CAP 15MG	Remove PA	1/1/2025
REVLIMID CAP 2.5MG	Remove PA	1/1/2025
REVLIMID CAP 20MG	Remove PA	1/1/2025
REVLIMID CAP 25MG	Remove PA	1/1/2025
REVLIMID CAP 5MG	Remove PA	1/1/2025
REZLIDHIA CAP 150MG	Remove QL	1/1/2025

Drug name	Change	Effective date
RHOPRESSA SOL 0.02%	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
RIBAVIRIN CAP 200MG	Remove from formulary	1/1/2025
RIBAVIRIN TAB 200MG	Change to Tier 3 (Preferred Brand)	1/1/2025
RIFAMPIN CAP 150MG	Change to Tier 3 (Preferred Brand)	1/1/2025
RIFAMPIN CAP 300MG	Change to Tier 3 (Preferred Brand)	1/1/2025
RILUZOLE TAB 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
RIMANTADINE TAB 100MG	Remove from formulary	1/1/2025
RINVOQ TAB 15MG ER	Remove QL, Remove PA	1/1/2025
RINVOQ TAB 30MG ER	Remove QL, Remove PA	1/1/2025
RINVOQ TAB 45MG ER	Remove QL, Remove PA	1/1/2025
RINVOQ LQ SOL 1MG/ML	Remove QL, Remove PA	1/1/2025
RISEDRONATE TAB 150MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
RISEDRONATE TAB 30MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
RISEDRONATE TAB 35MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
RISEDRONATE TAB 5MG	Add to Tier 4	1/1/2025
RISPERIDONE TAB 0.25MG	Add QL	1/1/2025
RISPERIDONE TAB 0.5MG	Add QL	1/1/2025
RISPERIDONE TAB 1MG	Add QL	1/1/2025
RISPERIDONE TAB 2MG	Add QL	1/1/2025
RISPERIDONE TAB 3MG	Add QL	1/1/2025
RISPERIDONE TAB 4MG	Add QL	1/1/2025
RITONAVIR TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
RIVASTIGMINE CAP 1.5MG	Remove QL	1/1/2025

Drug name	Change	Effective date
RIVASTIGMINE CAP 3MG	Remove QL	1/1/2025
RIVASTIGMINE CAP 4.5MG	Remove QL	1/1/2025
RIVASTIGMINE CAP 6MG	Remove QL	1/1/2025
RIVASTIGMINE DIS 13.3/24	Remove QL	1/1/2025
RIVASTIGMINE DIS 4.6MG/24	Remove QL	1/1/2025
RIVASTIGMINE DIS 9.5MG/24	Remove QL	1/1/2025
RIVELSA TAB	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
RIZATRIPTAN TAB 10MG ODT	Change to Tier 3 (Preferred Brand)	1/1/2025
RIZATRIPTAN TAB 5MG ODT	Change to Tier 3 (Preferred Brand)	1/1/2025
ROCKLATAN DRO	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
ROFLUMILAST TAB 250MCG	Remove QL, Add PA	1/1/2025
ROFLUMILAST TAB 500MCG	Remove QL, Add PA	1/1/2025
ROSDAN CRE 0.75%	Change to Tier 3 (Preferred Brand)	1/1/2025
ROSDAN GEL 0.75%	Add to Tier 3 (Preferred Brand)	1/1/2025
ROSUVASTATIN TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
ROSUVASTATIN TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
ROSUVASTATIN TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
ROSUVASTATIN TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
ROWEEPRA TAB 500MG	Add to Tier 2 (Generic)	1/1/2025
ROZLYTREK CAP 100MG	Remove QL	1/1/2025
ROZLYTREK CAP 200MG	Remove QL	1/1/2025
ROZLYTREK PAK 50MG	Remove QL	1/1/2025
RUBRACA TAB 200MG	Remove QL	1/1/2025
RUBRACA TAB 250MG	Remove QL	1/1/2025

Drug name	Change	Effective date
RUBRACA TAB 300MG	Remove QL	1/1/2025
RUFINAMIDE SUS 40MG/ML	Remove QL	1/1/2025
RUFINAMIDE TAB 200MG	Remove QL	1/1/2025
RUFINAMIDE TAB 400MG	Remove QL	1/1/2025
SANDIMMUNE SOL 100MG/ML	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2025
SANTYL OIN 250/GM	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
SAPS CARE PAD ALCOHOL	Remove from formulary	1/1/2025
SAPS HEALTH PAD ALCOHOL	Change to Tier 3 (Preferred Brand)	1/1/2025
SAPS HEALTH PAD ALCOHOL	Remove from formulary	1/1/2025
SAVELLA MIS TITR PAK	Remove ST	1/1/2025
SAVELLA TAB 100MG	Remove ST	1/1/2025
SAVELLA TAB 12.5MG	Remove ST	1/1/2025
SAVELLA TAB 25MG	Remove ST	1/1/2025
SAVELLA TAB 50MG	Remove ST	1/1/2025
SB ALCOHOL PAD PREP	Change to Tier 3 (Preferred Brand)	1/1/2025
SCEMBLIX TAB 100MG	Add QL	1/1/2025
SCEMBLIX TAB 20MG	Add QL	1/1/2025
SCOPOLAMINE DIS IMG/3DAY	Remove QL	1/1/2025
SEGLUROMET TAB 2.5-1000	Remove QL	1/1/2025
SEGLUROMET TAB 2.5-500	Remove QL	1/1/2025
SEGLUROMET TAB 7.5-1000	Remove QL	1/1/2025
SEGLUROMET TAB 7.5-500	Remove QL	1/1/2025
SELEGILINE CAP 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
SELEGILINE TAB 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
SELZENTRY TAB 75MG	QL Decreased	1/1/2025
SE-NATAL 19 TAB	Remove from formulary	1/1/2025
SERTRALINE CON 20MG/ML	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
SETLAKIN TAB	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
SEVELAM CARB POW 0.8GM	Remove from formulary	1/1/2025
SEVELAM CARB POW 2.4GM	Remove from formulary	1/1/2025
SEVELAM CARB TAB 800MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
SFROWASA ENE 4GM	Add to Tier 4	1/1/2025
SILDENAFIL SUS 10MG/ML	Remove QL, Remove PA	1/1/2025
SILDENAFIL TAB 20MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
SILODOSIN CAP 4MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
SILODOSIN CAP 8MG	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
SIMLIYA TAB 28 DAY	Change to Tier 3 (Preferred Brand)	1/1/2025
SIMPESSE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
SIMVASTATIN TAB 10MG	Change to Tier 6 (Select Care)	1/1/2025
SIMVASTATIN TAB 20MG	Change to Tier 6 (Select Care)	1/1/2025
SIMVASTATIN TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
SIMVASTATIN TAB 5MG	Change to Tier 6 (Select Care)	1/1/2025
SIMVASTATIN TAB 80MG	Change to Tier 6 (Select Care)	1/1/2025
SIROLIMUS TAB 0.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
SIVEXTRO TAB 200MG	Remove QL, Remove PA	1/1/2025
SKYCLARYS CAP 50MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
SM ALCOHOL PAD PREP	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
SMZ-TMP INJ 2400-480	Remove from formulary	1/1/2025
SMZ-TMP INJ 400-80/5	Remove from formulary	1/1/2025
SMZ-TMP SUS 200-40/5	Change to Tier 3 (Preferred Brand)	1/1/2025
SOD CHLORIDE INJ 0.9%	Remove from formulary	1/1/2025
SOD CHLORIDE INJ 23.4%	Remove from formulary	1/1/2025
SOD FLUORIDE CHW 0.25MG F	Remove from formulary	1/1/2025
SOD FLUORIDE CHW 0.5MG F	Remove from formulary	1/1/2025
SOD FLUORIDE CHW 1MG F	Remove from formulary	1/1/2025
SOD FLUORIDE GEL 1.1%	Remove from formulary	1/1/2025
SOD FLUORIDE GEL 1.1-5%	Remove from formulary	1/1/2025
SOD FLUORIDE SOL 0.2%MINT	Remove from formulary	1/1/2025
SOD POLY SUL POW	Change to Tier 3 (Preferred Brand)	1/1/2025
SODIUM/POTAS SOL MAGNESIU	Change to Tier 3 (Preferred Brand)	1/1/2025
SOLIFENACIN TAB 10MG	Remove QL	1/1/2025
SOLIFENACIN TAB 5MG	Remove QL	1/1/2025
SOLIQUA INJ 100/33	Add to Tier 3 (Preferred Brand)	1/1/2025
SOLTAMOX SOL 10MG/5ML	Change to Tier 5 (Specialty)	1/1/2025
SORAFENIB TAB 200MG	Remove QL	1/1/2025
SPIRIVA AER 1.25MCG	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
SPIRIVA SPR 2.5MCG	Add to Tier 3 (Preferred Brand)	1/1/2025
SPRAVATO SOL	Add to Tier 5 (Specialty), PA	1/1/2025
SPRINTEC 28 TAB 28 DAY	Change to Tier 3 (Preferred Brand)	1/1/2025
SPRYCEL TAB 100MG	Remove QL	1/1/2025
SPRYCEL TAB 140MG	Remove QL	1/1/2025

Drug name	Change	Effective date
SPRYCEL TAB 20MG	Remove QL	1/1/2025
SPRYCEL TAB 50MG	Remove QL	1/1/2025
SPRYCEL TAB 70MG	Remove QL	1/1/2025
SPRYCEL TAB 80MG	Remove QL	1/1/2025
SPS SUS 15GM/60	Change to Tier 3 (Preferred Brand)	1/1/2025
SPS SUS 30GM/120	Change to Tier 3 (Preferred Brand)	1/1/2025
SRONYX TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
STAVUDINE CAP 15MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
STAVUDINE CAP 20MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
STAVUDINE CAP 30MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
STAVUDINE CAP 40MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
STEGLATRO TAB 15MG	Remove QL	1/1/2025
STEGLATRO TAB 5MG	Remove QL	1/1/2025
STEGLUJAN TAB 15-100MG	Remove from formulary	1/1/2025
STEGLUJAN TAB 5-100MG	Remove from formulary	1/1/2025
STIVARGA TAB 40MG	Remove QL	1/1/2025
STRIVERDI AER 2.5MCG	Remove QL	1/1/2025
SUBVENITE KIT START 35	Add to Tier 4	1/1/2025
SUBVENITE KIT START 49	Add to Tier 4	1/1/2025
SUBVENITE KIT START 98	Add to Tier 4	1/1/2025
SUCRALFATE SUS 1GM/10ML	Add to Tier 4	1/1/2025
SUCRAID SOL 8500/ML	Add PA	1/1/2025
SULFACET SOD OIN 10% OP	Change to Tier 3 (Preferred Brand)	1/1/2025
SULFACETAMID LOT 10%	Remove from formulary	1/1/2025

Drug name	Change	Effective date
SULFADIAZINE TAB 500MG	Change to Tier 5 (Specialty)	1/1/2025
SULFASALAZIN TAB 500MG	Change to Tier 2 (Generic)	1/1/2025
SULFASALAZIN TAB 500MG DR	Change to Tier 2 (Generic)	1/1/2025
SUMATRIPTAN INJ 4MG/0.5	Remove QL	1/1/2025
SUNITINIB CAP 12.5MG	Remove QL	1/1/2025
SUNITINIB CAP 25MG	Remove QL	1/1/2025
SUNITINIB CAP 37.5MG	Remove QL	1/1/2025
SUNITINIB CAP 50MG	Remove QL	1/1/2025
SUNLENCA INJ	Add to Tier 5 (Specialty)	1/1/2025
SUNOSI TAB 150MG	Remove QL, Remove PA	1/1/2025
SUNOSI TAB 75MG	Remove QL, Remove PA	1/1/2025
SUTAB TAB	Add to Tier 3 (Preferred Brand)	1/1/2025
SYEDA TAB 3-0.03MG	Change to Tier 3 (Preferred Brand)	1/1/2025
SYMDEKO TAB 100-150	Remove QL, Remove PA	1/1/2025
SYMDEKO TAB 50-75MG	Remove QL, Remove PA	1/1/2025
SYMLINPEN 60 INJ 1000MCG	Remove QL	1/1/2025
SYMLNPEN 120 INJ 1000MCG	Remove QL	1/1/2025
SYMPAZAN MIS 10MG	Remove QL, Remove PA	1/1/2025
SYMPAZAN MIS 20MG	Remove QL, Remove PA	1/1/2025
SYMPAZAN MIS 5MG	Remove QL, Remove PA	1/1/2025
SYNJARDY TAB	Remove QL	1/1/2025
SYNJARDY TAB 12.5-500	Remove QL	1/1/2025
SYNJARDY TAB 5-1000MG	Remove QL	1/1/2025
SYNJARDY TAB 5-500MG	Remove QL	1/1/2025

Drug name	Change	Effective date
SYNJARDY XR TAB	Remove QL	1/1/2025
SYNJARDY XR TAB 10-1000	Remove QL	1/1/2025
SYNJARDY XR TAB 25-1000	Remove QL	1/1/2025
SYNJARDY XR TAB 5-1000MG	Remove QL	1/1/2025
TABLOID TAB 40MG	Change to Tier 5 (Specialty)	1/1/2025
TACROLIMUS CAP 0.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TACROLIMUS CAP 1MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TACROLIMUS CAP 5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TACROLIMUS OIN 0.03%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TACROLIMUS OIN 0.1%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TADALAFIL TAB 2.5MG	Change to Tier 3 (Preferred Brand), QL Decreased	1/1/2025
TADALAFIL TAB 20MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TADALAFIL TAB 5MG	Change to Tier 3 (Preferred Brand), QL Decreased	1/1/2025
TAFINLAR CAP 50MG	Remove QL	1/1/2025
TAFINLAR CAP 75MG	Remove QL	1/1/2025
TAFINLAR TAB 10MG	Remove QL	1/1/2025
TAGRISSE TAB 80MG	Remove QL	1/1/2025
TALZENNA CAP 0.1MG	Remove QL	1/1/2025
TALZENNA CAP 0.25MG	Remove QL	1/1/2025
TALZENNA CAP 0.35MG	Remove QL	1/1/2025
TALZENNA CAP 0.5MG	Remove QL	1/1/2025
TALZENNA CAP 0.75MG	Remove QL	1/1/2025
TALZENNA CAP 1MG	Remove QL	1/1/2025

Drug name	Change	Effective date
TAMOXIFEN TAB 10MG	Change to Tier 2 (Generic)	1/1/2025
TAMOXIFEN TAB 20MG	Change to Tier 2 (Generic)	1/1/2025
TARINA 24 FE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TARINA FE TAB 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
TARINA FE TAB 1/20 EQ	Change to Tier 3 (Preferred Brand)	1/1/2025
TASIGNA CAP 150MG	Remove QL	1/1/2025
TASIGNA CAP 200MG	Remove QL	1/1/2025
TASIGNA CAP 50MG	Remove QL	1/1/2025
TASIMELTEON CAP 20MG	Remove QL, Remove PA	1/1/2025
TAVALISSE TAB 100MG	Remove QL, Remove PA	1/1/2025
TAVALISSE TAB 150MG	Remove QL, Remove PA	1/1/2025
TAVNEOS CAP 10MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
TAYSOFY CAP 1/20	Change to Tier 3 (Preferred Brand)	1/1/2025
TAZAROTENE CRE 0.1%	Change to Tier 4 (Nonpreferred Drug), Add QL, Remove PA	1/1/2025
TAZAROTENE GEL 0.05%	Remove from formulary	1/1/2025
TAZAROTENE GEL 0.1%	Remove from formulary	1/1/2025
TAZICEF INJ 6GM	Change to Tier 3 (Preferred Brand)	1/1/2025
TAZORAC CRE 0.05%	Remove from formulary	1/1/2025
TAZTIA XT CAP 120MG/24	Remove QL	1/1/2025
TAZTIA XT CAP 180MG/24	Remove QL	1/1/2025
TAZTIA XT CAP 240MG/24	Remove QL	1/1/2025
TAZTIA XT CAP 300MG ER	Remove QL	1/1/2025
TAZTIA XT CAP 360MG/24	Remove QL	1/1/2025

Drug name	Change	Effective date
TAZVERIK TAB 200MG	Remove QL	1/1/2025
TEGLUTIK SUS 50/10ML	Remove PA	1/1/2025
TEGRETOL-XR TAB 100MG	Remove from formulary	1/1/2025
TEGRETOL-XR TAB 200MG	Remove from formulary	1/1/2025
TEGRETOL-XR TAB 400MG	Remove from formulary	1/1/2025
TELMISA/HCTZ TAB 40-12.5	Change to Tier 6 (Select Care), Remove QL	1/1/2025
TELMISA/HCTZ TAB 80-12.5	Change to Tier 6 (Select Care), Remove QL	1/1/2025
TELMISA/HCTZ TAB 80-25MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
TELMISARTAN TAB 20MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
TELMISARTAN TAB 40MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
TELMISARTAN TAB 80MG	Change to Tier 6 (Select Care), Remove QL	1/1/2025
TEMAZEPAM CAP 15MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
TEMAZEPAM CAP 22.5MG	Remove QL	1/1/2025
TEMAZEPAM CAP 30MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
TEMAZEPAM CAP 7.5MG	Remove QL	1/1/2025
TENCON TAB 50-325MG	Remove from formulary	1/1/2025
TEPMETKO TAB 225MG	Remove QL	1/1/2025
TERBINAFINE TAB 250MG	Add QL	1/1/2025
TERBUTALINE TAB 2.5MG	Remove from formulary	1/1/2025
TERBUTALINE TAB 5MG	Remove from formulary	1/1/2025
TERCONAZOLE CRE 0.4%	Change to Tier 3 (Preferred Brand)	1/1/2025
TERCONAZOLE CRE 0.8%	Change to Tier 3 (Preferred Brand)	1/1/2025
TERCONAZOLE SUP 80MG	Remove from formulary	1/1/2025
TERIPARATIDE INJ 600/2.4	Remove QL	1/1/2025

Drug name	Change	Effective date
TESTOST ENAN INJ 200MG/ML	Change to Tier 3 (Preferred Brand)	1/1/2025
TESTOSTERONE GEL 1%(25MG)	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
TESTOSTERONE GEL 1%(50MG)	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
TESTOSTERONE GEL 1.62%	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
TESTOSTERONE GEL 1.62%	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
TESTOSTERONE GEL PUMP 1%	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
TETRABENAZIN TAB 12.5MG	Remove QL, Add PA	1/1/2025
TETRABENAZIN TAB 25MG	Remove QL, Add PA	1/1/2025
TETRACAINE SOL 0.5% OP	Remove from formulary	1/1/2025
TETRACYCLINE CAP 250MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TETRACYCLINE CAP 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025
THALOMID CAP 100MG	Remove QL	1/1/2025
THALOMID CAP 150MG	Remove QL	1/1/2025
THALOMID CAP 200MG	Remove QL	1/1/2025
THALOMID CAP 50MG	Remove QL	1/1/2025
THEO-24 CAP 100MG CR	Remove from formulary	1/1/2025
THEO-24 CAP 200MG CR	Remove from formulary	1/1/2025
THEO-24 CAP 300MG CR	Remove from formulary	1/1/2025
THEO-24 CAP 400MG ER	Remove from formulary	1/1/2025
THEOPHYLLINE TAB 100MG ER	Remove from formulary	1/1/2025
THEOPHYLLINE TAB 200MG ER	Remove from formulary	1/1/2025
THEOPHYLLINE TAB 300MG ER	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
THEOPHYLLINE TAB 450MG ER	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
THIORIDAZINE TAB 100MG	Change to Tier 3 (Preferred Brand)	1/1/2025
THIORIDAZINE TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
THIORIDAZINE TAB 25MG	Change to Tier 3 (Preferred Brand)	1/1/2025
THIORIDAZINE TAB 50MG	Change to Tier 3 (Preferred Brand)	1/1/2025
THIOTHIXENE CAP 10MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
THIOTHIXENE CAP 1MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
THIOTHIXENE CAP 2MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
THIOTHIXENE CAP 5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
THYQUIDITY SOL 100MCG	Remove PA	1/1/2025
THYROID TAB 120MG	Add to Tier 4	1/1/2025
THYROID TAB 15MG	Add to Tier 4	1/1/2025
THYROID TAB 30MG	Add to Tier 4	1/1/2025
THYROID TAB 60MG	Add to Tier 4	1/1/2025
THYROID TAB 90MG	Add to Tier 4	1/1/2025
TIADYLT CAP 120MG/24	Remove QL	1/1/2025
TIADYLT CAP 180MG/24	Remove QL	1/1/2025
TIADYLT CAP 240MG/24	Remove QL	1/1/2025
TIADYLT CAP 300MG/24	Remove QL	1/1/2025
TIADYLT CAP 420MG/24	Remove QL	1/1/2025
TIBSOVO TAB 250MG	Remove QL	1/1/2025
TIGLUTIK SUS 50/10ML	Remove PA	1/1/2025
TILIA FE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TIMOLOL GEL SOL 0.25% OP	Remove from formulary	1/1/2025

Drug name	Change	Effective date
TIMOLOL GEL SOL 0.5% OP	Remove from formulary	1/1/2025
TIMOLOL MAL TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TIMOLOL MAL TAB 20MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TIMOLOL MAL TAB 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TINIDAZOLE TAB 250MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TINIDAZOLE TAB 500MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TIOTROP BROM CAP 18MCG	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2025
TIVICAY TAB 10MG	QL Decreased	1/1/2025
TIVICAY TAB 25MG	QL Decreased	1/1/2025
TIVICAY PD TAB 5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TOBI PODHALR CAP 28MG	Add to Tier 5 (Specialty)	1/1/2025
TOBRA/DEXAME SUS 0.3-0.1%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TOBRADEX OIN 0.3-0.1%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TOBRADEX ST SUS 0.3-0.05	Add to Tier 4	1/1/2025
TOBRAMYCIN INJ 1.2GM	Add to Tier 4	1/1/2025
TOBRAMYCIN NEB 300/5ML	Remove QL	1/1/2025
TOBEX OIN 0.3% OP	Remove from formulary	1/1/2025
TOLTERODINE CAP 2MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
TOLTERODINE CAP 4MG ER	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
TOLTERODINE TAB 1MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
TOLTERODINE TAB 2MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
TOLVAPTAN TAB 15MG	Remove QL, Remove PA	1/1/2025
TOLVAPTAN TAB 30MG	Remove QL, Remove PA	1/1/2025
TOPIRAMATE CAP 15MG	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
TOPIRAMATE CAP 25MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TORPENZ TAB 10MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
TORPENZ TAB 2.5MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
TORPENZ TAB 5MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
TORPENZ TAB 7.5MG	Add to Tier 5 (Specialty), Add PA	1/1/2025
TRACLEER TAB 125MG	Remove QL, Remove PA	1/1/2025
TRACLEER TAB 62.5MG	Remove QL, Remove PA	1/1/2025
TRADJENTA TAB 5MG	Add to Tier 3 (Preferred Brand), Add QL	1/1/2025
TRAMADL/APAP TAB 37.5-325	Remove QL	1/1/2025
TRAMADOL HCL TAB 100MG ER	Remove QL	1/1/2025
TRAMADOL HCL TAB 200MG ER	Remove QL	1/1/2025
TRAMADOL HCL TAB 300MG ER	Remove QL	1/1/2025
TRAMADOL HCL TAB 50MG	Change to Tier 1 (Preferred Generic), Remove QL	1/1/2025
TRANDO/VERAP TAB 1-240 ER	Add to Tier 6 (Select Care)	1/1/2025
TRANDO/VERAP TAB 2-180 ER	Add to Tier 6 (Select Care)	1/1/2025
TRANDO/VERAP TAB 2-240 ER	Add to Tier 6 (Select Care)	1/1/2025
TRANDO/VERAP TAB 4-240 ER	Add to Tier 6 (Select Care)	1/1/2025
TRANDOLAPRIL TAB 1MG	Change to Tier 6 (Select Care)	1/1/2025
TRANDOLAPRIL TAB 2MG	Change to Tier 6 (Select Care)	1/1/2025
TRANDOLAPRIL TAB 4MG	Change to Tier 6 (Select Care)	1/1/2025
TRANEX ACID TAB 650MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TRAVASOL INJ 10%	Remove PA	1/1/2025
TRAVOPROST DRO 0.004%	Remove from formulary	1/1/2025
TRAZIMERA INJ 420MG	Remove PA	1/1/2025

Drug name	Change	Effective date
TRAZODONE TAB 300MG	Remove from formulary	1/1/2025
TRESIBA INJ 100UNIT	Remove PA	1/1/2025
TRESIBA FLEX INJ 100UNIT	Remove PA	1/1/2025
TRESIBA FLEX INJ 200UNIT	Remove PA	1/1/2025
TRETINOIN CRE 0.025%	Change to Tier 3 (Preferred Brand)	1/1/2025
TRETINOIN CRE 0.05%	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TRETINOIN CRE 0.1%	Remove from formulary	1/1/2025
TRETINOIN GEL 0.01%	Remove from formulary	1/1/2025
TRETINOIN GEL 0.025%	Remove from formulary	1/1/2025
TRETINOIN GEL 0.05%	Remove from formulary	1/1/2025
TRIAMCINOLON LOT 0.025%	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIAMCINOLON PST 0.1%	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIAMCINOLON PST DEN 0.1%	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIAZOLAM TAB 0.125MG	Remove from formulary	1/1/2025
TRIAZOLAM TAB 0.25MG	Remove from formulary	1/1/2025
TRIENTINE CAP 250MG	Add PA	1/1/2025
TRI-ESTARYLL TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIFLUOPERAZ TAB 10MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TRIFLUOPERAZ TAB 1MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIFLUOPERAZ TAB 2MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIFLUOPERAZ TAB 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIFLURIDINE SOL 1% OP	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TRIHEXYPHEN SOL 0.4MG/ML	Remove from formulary	1/1/2025
TRIHEXYPHEN TAB 2MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025

Drug name	Change	Effective date
TRIHXYPHEN TAB 5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TRIJARDY XR TAB	Add to Tier 3 (Preferred Brand)	1/1/2025
TRIKAFTA PAK 59.5MG	Remove QL, Remove PA	1/1/2025
TRIKAFTA PAK 75MG	Remove QL, Remove PA	1/1/2025
TRIKAFTA TAB	Remove QL, Remove PA	1/1/2025
TRI-LEGEST TAB FE	Change to Tier 3 (Preferred Brand)	1/1/2025
TRI-LINYAH TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TRI-LO TAB ESTARYLL	Change to Tier 3 (Preferred Brand)	1/1/2025
TRI-LO- TAB MARZIA	Change to Tier 3 (Preferred Brand)	1/1/2025
TRI-LO- TAB SPRINTEC	Change to Tier 3 (Preferred Brand)	1/1/2025
TRI-LO-MILI TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIMETHOBENZ CAP 300MG	Remove from formulary	1/1/2025
TRIMETHOPRIM TAB 100MG	Change to Tier 2 (Generic)	1/1/2025
TRI-MILI TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIMIPRAMINE CAP 100MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TRIMIPRAMINE CAP 25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TRIMIPRAMINE CAP 50MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
TRINTELLIX TAB 10MG	Remove ST	1/1/2025
TRINTELLIX TAB 20MG	Remove ST	1/1/2025
TRINTELLIX TAB 5MG	Remove ST	1/1/2025
TRI-NYMYO TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TRI-SPRINTEC TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TRIVORA-28 TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TRI-VYLIBRA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
TRI-VYLIBRA TAB LO	Change to Tier 3 (Preferred Brand)	1/1/2025
TROSPIUM CHL CAP 60MG ER	Change to Tier 4 (Nonpreferred Drug), Remove QL	1/1/2025
TROSPIUM CL TAB 20MG	Change to Tier 3 (Preferred Brand)	1/1/2025
TRUE COMFORT PAD PRO	Change to Tier 3 (Preferred Brand)	1/1/2025
TRUQAP TAB 160MG	Remove QL	1/1/2025
TRUQAP TAB 200MG	Remove QL	1/1/2025
TRUSELTIQ CAP 100MG	Add PA	1/1/2025
TRUSELTIQ CAP 125MG	Add PA	1/1/2025
TRUSELTIQ CAP 50MG	Add PA	1/1/2025
TRUSELTIQ CAP 75MG	Add PA	1/1/2025
TUKYSA TAB 150MG	Remove QL	1/1/2025
TUKYSA TAB 50MG	Remove QL	1/1/2025
TURALIO CAP 125MG	Remove QL	1/1/2025
TURALIO CAP 200MG	Remove QL	1/1/2025
TURQOZ TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TYBLUME CHW 0.1-0.02	Remove from formulary	1/1/2025
TYDEMY TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
TYMLOS INJ	Remove QL	1/1/2025
TYRVAYA SOL 0.03MG	Add to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
TYVASO SOL 0.6MG/ML	Remove PA	1/1/2025
TYVASO RF KT SOL 0.6MG/ML	Remove PA	1/1/2025
TYVASO ST KT SOL 0.6MG/ML	Remove PA	1/1/2025

Drug name	Change	Effective date
ULTICARE PAD ALCOHOL	Change to Tier 3 (Preferred Brand)	1/1/2025
ULTILET PAD ALCOHOL	Change to Tier 3 (Preferred Brand)	1/1/2025
UNITHROID TAB 100MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 112MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 125MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 137MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 150MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 175MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 200MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 25MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 300MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 50MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 75MCG	Change to Tier 2 (Generic)	1/1/2025
UNITHROID TAB 88MCG	Change to Tier 2 (Generic)	1/1/2025
UPTRAVI TAB 1000MCG	Remove QL, Remove PA	1/1/2025
UPTRAVI TAB 1200MCG	Remove QL, Remove PA	1/1/2025
UPTRAVI TAB 1400MCG	Remove QL, Remove PA	1/1/2025
UPTRAVI TAB 1600MCG	Remove QL, Remove PA	1/1/2025
UPTRAVI TAB 200MCG	Remove QL, Remove PA	1/1/2025
UPTRAVI TAB 400MCG	Remove QL, Remove PA	1/1/2025
UPTRAVI TAB 600MCG	Remove QL, Remove PA	1/1/2025
UPTRAVI TAB 800MCG	Remove QL, Remove PA	1/1/2025
UPTRAVI PACK TAB 200/800	Remove QL, Remove PA	1/1/2025
UREA LOT 40%	Add to Tier 4	1/1/2025

Drug name	Change	Effective date
URSODIOL CAP 300MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
URSODIOL TAB 250MG	Change to Tier 3 (Preferred Brand)	1/1/2025
URSODIOL TAB 500MG	Change to Tier 3 (Preferred Brand)	1/1/2025
VALACYCLOVIR TAB 1GM	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
VALACYCLOVIR TAB 500MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
VALGANCICLOV SOL 50MG/ML	Change to Tier 5 (Specialty)	1/1/2025
VALGANCICLOV TAB 450MG	Change to Tier 3 (Preferred Brand), Remove QL	1/1/2025
VALSART/HCTZ TAB 160-12.5	Change to Tier 6 (Select Care)	1/1/2025
VALSART/HCTZ TAB 160-25MG	Change to Tier 6 (Select Care)	1/1/2025
VALSART/HCTZ TAB 320-12.5	Change to Tier 6 (Select Care)	1/1/2025
VALSART/HCTZ TAB 320-25MG	Change to Tier 6 (Select Care)	1/1/2025
VALSART/HCTZ TAB 80-12.5	Change to Tier 6 (Select Care)	1/1/2025
VALSARTAN SOL 20MG/5ML	Remove PA	1/1/2025
VALSARTAN TAB 160MG	Change to Tier 6 (Select Care)	1/1/2025
VALSARTAN TAB 320MG	Change to Tier 6 (Select Care)	1/1/2025
VALSARTAN TAB 40MG	Change to Tier 6 (Select Care)	1/1/2025
VALSARTAN TAB 80MG	Change to Tier 6 (Select Care)	1/1/2025
VALTOCO SPR 10MG	Change to Tier 5 (Specialty), Remove PA	1/1/2025
VALTOCO SPR 15MG	Change to Tier 5 (Specialty), Remove PA	1/1/2025
VALTOCO SPR 20MG	Change to Tier 5 (Specialty), Remove PA	1/1/2025
VALTOCO SPR 5MG	Change to Tier 5 (Specialty), Remove PA	1/1/2025
VANCOMYCIN CAP 125MG	Change to Tier 4 (Nonpreferred Drug), Add QL	1/1/2025
VANCOMYCIN CAP 250MG	Add QL	1/1/2025
VANCOMYCIN INJ 1 GM	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
VANCOMYCIN INJ 10GM	Change to Tier 3 (Preferred Brand)	1/1/2025
VANCOMYCIN INJ 5GM	Remove from formulary	1/1/2025
VANCOMYCIN SOL 250/5ML	Remove from formulary	1/1/2025
VANCOMYCIN SOL 25MG/ML	Remove from formulary	1/1/2025
VANCOMYCIN SOL 50MG/ML	Remove from formulary	1/1/2025
VANCOMYCIN SOL 50MG/ML	Remove from formulary	1/1/2025
VANDAZOLE GEL 0.75%	Remove from formulary	1/1/2025
VARENICLINE TAB 0.5& 1MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
VARENICLINE TAB 0.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
VARENICLINE TAB 1MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
VELIVET PAK	Change to Tier 3 (Preferred Brand)	1/1/2025
VELPHORO CHW 500MG	Change to Tier 5 (Specialty)	1/1/2025
VELTASSA POW 16.8GM	Remove QL	1/1/2025
VELTASSA POW 25.2GM	Remove QL	1/1/2025
VELTASSA POW 8.4GM	Remove QL	1/1/2025
VEMLIDY TAB 25MG	Remove QL, Remove PA	1/1/2025
VENCLEXTA TAB 100MG	Remove QL	1/1/2025
VENCLEXTA TAB 10MG	Remove QL	1/1/2025
VENCLEXTA TAB 50MG	Remove QL	1/1/2025
VENLAFAXINE TAB 112.5MG	Remove QL, Remove ST	1/1/2025
VEOZAH TAB 45MG	Add to Tier 4 (Nonpreferred Drug), QL, PA	1/1/2025
VERAPAMIL CAP 100MG ER	Remove from formulary	1/1/2025
VERAPAMIL CAP 120MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
VERAPAMIL CAP 120MG SR	Change to Tier 3 (Preferred Brand)	1/1/2025
VERAPAMIL CAP 180MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025

Drug name	Change	Effective date
VERAPAMIL CAP 180MG SR	Change to Tier 3 (Preferred Brand)	1/1/2025
VERAPAMIL CAP 200MG ER	Remove from formulary	1/1/2025
VERAPAMIL CAP 240MG ER	Change to Tier 3 (Preferred Brand)	1/1/2025
VERAPAMIL CAP 240MG SR	Change to Tier 3 (Preferred Brand)	1/1/2025
VERAPAMIL CAP 300MG ER	Remove from formulary	1/1/2025
VERAPAMIL CAP 360MG SR	Change to Tier 3 (Preferred Brand)	1/1/2025
VERAPAMIL TAB 120MG ER	Change to Tier 2 (Generic)	1/1/2025
VERAPAMIL TAB 180MG ER	Change to Tier 2 (Generic)	1/1/2025
VERAPAMIL TAB 240MG ER	Change to Tier 2 (Generic)	1/1/2025
VERDESO AER 0.05%	Remove PA	1/1/2025
VERKAZIA EMU 0.1% OP	Remove QL, Remove PA	1/1/2025
VERQUVO TAB 10MG	Change to Tier 3 (Preferred Brand)	1/1/2025
VERQUVO TAB 2.5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
VERQUVO TAB 5MG	Change to Tier 3 (Preferred Brand)	1/1/2025
VESTURA TAB 3-0.02MG	Change to Tier 3 (Preferred Brand)	1/1/2025
V-GO 20 KIT	Remove QL, Remove PA	1/1/2025
V-GO 30 KIT	Remove QL, Remove PA	1/1/2025
V-GO 40 KIT	Remove QL, Remove PA	1/1/2025
VIBERZI TAB 100MG	Remove QL, Remove PA	1/1/2025
VIBERZI TAB 75MG	Remove QL, Remove PA	1/1/2025
VICTOZA INJ 18MG/3ML	Add QL, Add PA	1/1/2025
VIENVA TAB 0.1-20	Change to Tier 3 (Preferred Brand)	1/1/2025
VIGABATRIN PAK 500MG	Remove QL, Add PA	1/1/2025
VIGABATRIN TAB 500MG	Remove QL, Add PA	1/1/2025

Drug name	Change	Effective date
VIGADRONE POW 500MG	Remove QL, Add PA	1/1/2025
VIGADRONE TAB 500MG	Remove QL, Add PA	1/1/2025
VIGPODER POW 500MG	Remove QL, Add PA	1/1/2025
VIORELE TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
VIREAD POW 40MG/GM	Add QL	1/1/2025
VITRAKVI CAP 100MG	Remove QL	1/1/2025
VITRAKVI CAP 25MG	Remove QL	1/1/2025
VITRAKVI SOL 20MG/ML	Remove QL	1/1/2025
VIVJOA CAP 150MG	Remove QL, Remove PA	1/1/2025
VIZIMPRO TAB 15MG	Remove QL	1/1/2025
VIZIMPRO TAB 30MG	Remove QL	1/1/2025
VIZIMPRO TAB 45MG	Remove QL	1/1/2025
VOCABRIA TAB 30MG	Remove QL	1/1/2025
VOLNEA TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
VONJO CAP 100MG	Remove QL	1/1/2025
VORICONAZOLE SUS 40MG/ML	Change to Tier 5 (Specialty), Remove PA	1/1/2025
VORICONAZOLE TAB 200MG	Change to Tier 4 (Nonpreferred Drug), Remove QL, Remove PA	1/1/2025
VORICONAZOLE TAB 50MG	Change to Tier 4 (Nonpreferred Drug), Remove QL, Remove PA	1/1/2025
VOWST CAP	Remove QL	1/1/2025
VRAYLAR CAP 1.5-3MG	Remove ST	1/1/2025
VRAYLAR CAP 1.5MG	Remove ST	1/1/2025
VRAYLAR CAP 3MG	Remove ST	1/1/2025
VRAYLAR CAP 4.5MG	Remove ST	1/1/2025

Drug name		Change	Effective date
VRAYLAR	CAP 6MG	Remove ST	1/1/2025
VUITY	SOL 1.25% OP	Remove QL	1/1/2025
VYFEMLA	TAB 0.4-35	Change to Tier 3 (Preferred Brand)	1/1/2025
VYLIBRA	TAB 0.25-35	Change to Tier 3 (Preferred Brand)	1/1/2025
VYVANSE	CAP 10MG	Remove QL	1/1/2025
VYVANSE	CAP 20MG	Remove QL	1/1/2025
VYVANSE	CAP 30MG	Remove QL	1/1/2025
VYVANSE	CAP 40MG	Remove QL	1/1/2025
VYVANSE	CAP 50MG	Remove QL	1/1/2025
VYVANSE	CAP 60MG	Remove QL	1/1/2025
VYVANSE	CAP 70MG	Remove QL	1/1/2025
VYVANSE	CHW 10MG	Remove QL	1/1/2025
VYVANSE	CHW 20MG	Remove QL	1/1/2025
VYVANSE	CHW 30MG	Remove QL	1/1/2025
VYVANSE	CHW 40MG	Remove QL	1/1/2025
VYVANSE	CHW 50MG	Remove QL	1/1/2025
VYVANSE	CHW 60MG	Remove QL	1/1/2025
VYZULTA	SOL 0.024%	Add QL	1/1/2025
WEBCOL PREP	PAD LARGE	Change to Tier 3 (Preferred Brand)	1/1/2025
WEBCOL PREP	PAD MEDIUM	Change to Tier 3 (Preferred Brand)	1/1/2025
WELIREG	TAB 40MG	Remove QL	1/1/2025
WERA	TAB 0.5/35	Change to Tier 3 (Preferred Brand)	1/1/2025
WYMZYA FE	CHW 0.4MG-35	Add to Tier 3 (Preferred Brand)	1/1/2025
XALKORI	CAP 150MG	Remove QL	1/1/2025

Drug name		Change	Effective date
XALKORI	CAP 200MG	Remove QL	1/1/2025
XALKORI	CAP 20MG	Remove QL	1/1/2025
XALKORI	CAP 250MG	Remove QL	1/1/2025
XALKORI	CAP 50MG	Remove QL	1/1/2025
XARELTO	SUS 1MG/ML	Remove from formulary	1/1/2025
XARELTO	TAB 10MG	Add QL	1/1/2025
XARELTO	TAB 15MG	Add QL	1/1/2025
XARELTO	TAB 2.5MG	Add QL	1/1/2025
XARELTO	TAB 20MG	Add QL	1/1/2025
XARELTO STAR TAB 15/20MG		Add QL	1/1/2025
XATMEP	SOL 2.5MG/ML	Add PA	1/1/2025
XCOPRI	PAK 100-150	Change to Tier 5 (Specialty), Remove QL, Add PA, Remove ST	1/1/2025
XCOPRI	PAK 12.5-25	Remove QL, Add PA, Remove ST	1/1/2025
XCOPRI	PAK 150-200	Change to Tier 5 (Specialty), Remove QL, Add PA, Remove ST	1/1/2025
XCOPRI	PAK 50-100MG	Change to Tier 5 (Specialty), Remove QL, Add PA, Remove ST	1/1/2025
XCOPRI	TAB 100MG	Change to Tier 5 (Specialty), Remove QL, Add PA, Remove ST	1/1/2025
XCOPRI	TAB 150MG	Change to Tier 5 (Specialty), Remove QL, Add PA, Remove ST	1/1/2025
XCOPRI	TAB 200MG	Change to Tier 5 (Specialty), Remove QL, Add PA, Remove ST	1/1/2025
XCOPRI	TAB 25MG	Change to Tier 5 (Specialty), Remove QL, Add PA, Remove ST	1/1/2025
XCOPRI	TAB 50MG	Change to Tier 5 (Specialty), Remove QL, Add PA, Remove ST	1/1/2025

Drug name		Change	Effective date
XDEMZY	DRO 0.25%	Add to Tier 5 (Specialty)	1/1/2025
XENLETA	TAB 600MG	Remove QL, Remove PA	1/1/2025
XIFAXAN	TAB 200MG	Remove QL, Add PA	1/1/2025
XIFAXAN	TAB 550MG	Add PA	1/1/2025
XIGDUO XR	TAB 10-1000	Remove QL	1/1/2025
XIGDUO XR	TAB 10-500MG	Remove QL	1/1/2025
XIGDUO XR	TAB 2.5-1000	Remove QL	1/1/2025
XIGDUO XR	TAB 5-1000MG	Remove QL	1/1/2025
XIGDUO XR	TAB 5-500MG	Remove QL	1/1/2025
XOSPATA	TAB 40MG	Remove QL	1/1/2025
XPOVIO	PAK 40MG	Remove QL	1/1/2025
XPOVIO	PAK 50MG	Remove QL	1/1/2025
XPOVIO	PAK 60MG	Remove QL	1/1/2025
XPOVIO	PAK 80MG	Remove QL	1/1/2025
XTAMPZA ER	CAP 13.5MG	Add to Tier 3 (Preferred Brand)	1/1/2025
XTAMPZA ER	CAP 18MG	Add to Tier 3 (Preferred Brand)	1/1/2025
XTAMPZA ER	CAP 27MG	Add to Tier 3 (Preferred Brand)	1/1/2025
XTAMPZA ER	CAP 36MG	Add to Tier 3 (Preferred Brand)	1/1/2025
XTAMPZA ER	CAP 9MG	Add to Tier 3 (Preferred Brand)	1/1/2025
XTANDI	CAP 40MG	Remove QL	1/1/2025
XTANDI	TAB 40MG	Remove QL	1/1/2025
XTANDI	TAB 80MG	Remove QL	1/1/2025
XULANE	DIS 150-35	Change to Tier 3 (Preferred Brand)	1/1/2025
XURIDEN	POW 2GM	Remove QL, Remove PA	1/1/2025

Drug name		Change	Effective date
YONSA	TAB 125MG	Remove QL, Remove PA	1/1/2025
YUVAFEM	TAB 10MCG	Change to Tier 3 (Preferred Brand)	1/1/2025
ZAFEMY	DIS 150/35	Remove from formulary	1/1/2025
ZAFIRLUKAST	TAB 10MG	Remove QL	1/1/2025
ZAFIRLUKAST	TAB 20MG	Remove QL	1/1/2025
ZALEPLON	CAP 10MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ZALEPLON	CAP 5MG	Change to Tier 4 (Nonpreferred Drug), QL Decreased	1/1/2025
ZEJULA	CAP 100MG	Remove QL	1/1/2025
ZEJULA	TAB 200MG	Remove QL	1/1/2025
ZEJULA	TAB 300MG	Remove QL	1/1/2025
ZELBORAF	TAB 240MG	Remove QL	1/1/2025
ZENPEP	CAP 10000UNT	Add to Tier 3 (Preferred Brand)	1/1/2025
ZENPEP	CAP 15000UNT	Add to Tier 3 (Preferred Brand)	1/1/2025
ZENPEP	CAP 20000UNT	Add to Tier 3 (Preferred Brand)	1/1/2025
ZENPEP	CAP 25000UNT	Add to Tier 3 (Preferred Brand)	1/1/2025
ZENPEP	CAP 3000UNIT	Add to Tier 3 (Preferred Brand)	1/1/2025
ZENPEP	CAP 40000UNT	Add to Tier 3 (Preferred Brand)	1/1/2025
ZENPEP	CAP 5000UNIT	Add to Tier 3 (Preferred Brand)	1/1/2025
ZENPEP	CAP 60000UNT	Add to Tier 3 (Preferred Brand)	1/1/2025
ZEVRX	STERIL PAD ALCHOL	Change to Tier 3 (Preferred Brand)	1/1/2025
ZIDOVUDINE	CAP 100MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
ZIDOVUDINE	SYP 50MG/5ML	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
ZIDOVUDINE	TAB 300MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025

Drug name	Change	Effective date
ZIPRASIDONE CAP 20MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
ZIPRASIDONE CAP 40MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
ZIPRASIDONE CAP 60MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
ZIPRASIDONE CAP 80MG	Change to Tier 3 (Preferred Brand), Add QL	1/1/2025
ZOKINVY CAP 50MG	Add QL	1/1/2025
ZOKINVY CAP 75MG	Add QL	1/1/2025
ZOLMITRIPTAN SPR 2.5MG	Remove QL	1/1/2025
ZOLMITRIPTAN SPR 5MG	Remove QL	1/1/2025
ZOLPIDEM TAB 5MG	QL Decreased	1/1/2025
ZOLPIDEM ER TAB 12.5MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ZOLPIDEM ER TAB 6.25MG	Change to Tier 4 (Nonpreferred Drug)	1/1/2025
ZONISADE SUS 100MG/5	Remove PA, Add ST	1/1/2025
ZONTIVITY TAB 2.08MG	Remove QL, Remove PA	1/1/2025
ZORYVE CRE 0.3%	Remove PA	1/1/2025
ZOVIA 1/35 TAB	Change to Tier 3 (Preferred Brand)	1/1/2025
ZTALMY SUS 50MG/ML	Remove QL	1/1/2025
ZUMANDIMINE TAB 3-0.03MG	Change to Tier 3 (Preferred Brand)	1/1/2025
ZYDELIG TAB 100MG	Remove QL	1/1/2025
ZYDELIG TAB 150MG	Remove QL	1/1/2025
ZYLET SUS 0.5-0.3%	Add to Tier 4	1/1/2025

Part B Criteria updates



Drug name	Change	Effective date
ADAMTS13, recombinant-krhn (Adzynma) (Part B)	Update criteria name & continuation criteria	1/1/2025
Avalglucosidase alfa (Nexviazyme)	Update to 12-month duration	1/1/2025
Bevacizumab BRAND (Avastin BRAND)	Update to 12-month duration	1/1/2025
C1 esterase inhibitor (Berinert)	Update to 12-month duration	1/1/2025
C1 esterase inhibitor (Cinryze)	Update to 12-month duration	1/1/2025
C1 esterase inhibitor (Ruconest)	Update to 12-month duration	1/1/2025
Dinutuximab (Unituxin)	Updated table at top of criteria	1/1/2025
Ecallantide (Kalbitor)	Update to 12-month duration	1/1/2025
Efbemalenograstim alfa (Ryzneuta)	Update to 12-month duration. Added continuation criteria	1/1/2025
Eflapegrastim-xnst (Rolvedon)	Update to 12-month duration. Added continuation criteria	1/1/2025
Epoetin alfa (for non-ESRD use) (Epogen BRAND, Procrit BRAND)	Update to 12-month duration	1/1/2025
Epoprostenol (Veletri)	Update to 12-month duration	1/1/2025
Esketamine (Spravato)	Update to 12-month duration. Added continuation criteria	1/1/2025
Filgrastim (Neupogen BRAND)	Update to 12-month duration. Added continuation criteria	1/1/2025
Hyaluronate sodium (Durolane)	Update to 12-month duration	1/1/2025
Hyaluronate sodium (Gel-One)	Update to 12-month duration	1/1/2025
Hyaluronate sodium (Gelsyn-3)	Update to 12-month duration	1/1/2025
Hyaluronate sodium (GenVisc 850)	Update to 12-month duration	1/1/2025

Drug name	Change	Effective date
Hyaluronate sodium (Hyalgan, Supartz FX, Visco-3)	Update to 12-month duration	1/1/2025
Hyaluronate sodium (Hymovis)	Update to 12-month duration	1/1/2025
Hyaluronate sodium (Monovisc)	Update to 12-month duration	1/1/2025
Hyaluronate sodium (Orthovisc)	Update to 12-month duration	1/1/2025
Hyaluronate sodium (Synjoynt)	Update to 12-month duration	1/1/2025
Hyaluronate sodium (Triluron)	Update to 12-month duration	1/1/2025
Hyaluronate sodium (Trivisc)	Update to 12-month duration	1/1/2025
Inclisiran (Leqvio)	Added clarification regarding high-intensity statin	1/1/2025
Infliximab (Remicade BRAND)	Update to 12-month duration & continuation criteria	1/1/2025
Infliximab-abda (Renflexis)	Update to 12-month duration & continuation criteria	1/1/2025
Pegfilgrastim (Neulasta BRAND)	Update to 12-month duration. Added continuation criteria	1/1/2025
Pegfilgrastim-bmez (Ziextenzo)	Update to 12-month duration. Added continuation criteria	1/1/2025
Pegfilgrastim-fpgk (Stimufend)	Update to 12-month duration. Added continuation criteria	1/1/2025
Pegfilgrastim-pbbk (Fylnetra)	Update to 12-month duration. Added continuation criteria	1/1/2025
Pegunigalsidase alfa-iwxj (Elfabrio)	Update to 12-month duration. Added continuation criteria	1/1/2025
Plasminogen (Ryplazim)	Removed sample/free drug language. Updated continuation criteria	1/1/2025
Pozelimab-bbfg (Veopoz)	Updated continuation criteria & drug name copy/paste error	1/1/2025
Risankizumab-rzaa (Skyrizi)	Added step through adalimumab & ustekinumab. Removed many other criteria elements	1/1/2025

Drug name	Change	Effective date
Rituximab (Rituxan BRAND)	Update to 12-month duration	1/1/2025
Spesolimab-sbzo (Spevigo)	Added criteria elements to align with Part D criteria	1/1/2025
Trastuzumab (Herceptin)	Update to 12-month duration. Updated continuation criteria	1/1/2025
Trastuzumab (Herzuma)	Add restriction	1/1/2025
Trastuzumab (Ogivri)	Add restriction	1/1/2025
Trastuzumab (Ontruzant)	Add restriction	1/1/2025
Ublituximab-xiiy (Briumvi)	Update to 12-month duration & continuation criteria. Added criteria element for members without Part D coverage	1/1/2025
Ustekinumab IV infusion (Stelara)	Removed some criteria elements to align with Part D criteria, including step elements	1/1/2025
Velmanase alfa-tycv (Lamzedo)	Update to 12-month duration.	1/1/2025

We're here for you

If you have any questions, please contact a Quartz Champion at (800) 394-5566 (TTY: 711), Monday through Friday, from 8 a.m. to 8 p.m. From October 1 through March 31, seven days a week from 8 a.m. to 8 p.m. You may also reach us by email at CustomerService@QuartzBenefits.com or visit our website at QuartzBenefits.com/MedicareAdvantage.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Quartz Medicare Advantage Dual Eligible with Rx is a D-SNP HMO plan that has a contract with Medicare and with a State Medicaid program. Enrollment in these plans depends on contract renewal. This information is not a complete description of benefits. Other pharmacies/physicians/providers are available in our network.

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310, TTY 711 or toll free (800) 877-8973. Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310, TTY 711 or toll free (800) 877-8973.