FORMULARY UPDATES

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	* Coverage requires FDA labeled diagnosis code with claim or clinical review for medical necessity.

Date Effective	Product Name	Change	Notes
10/01/2025	MResvia SUSY 50MCG/0.5ML	Update to AGE	AGE minimum down to 50 years from 60.
10/01/2025	Saxagliptin 2.5MG and 5MG	Add to Formulary, ST	Step therapy through Metformin
10/01/2025	Buprenorphine TD Patch Weekly	Add to Formulary, QL	QL of 4 patches per 28 days
10/01/2025	Cinacalcet HCl Tab	Add to Formulary, QL	QL of 4 tablets per day
10/01/2025	Benlysta SOAJ 200MG/ML	Add to Formulary	
10/01/2025	Deferasirox TABS & Granules PACK	Add to Formulary	QL of 8 packets/tablets
10/01/2025	Deferiprone TABS	Add to Formulary with PA, QL	QL of 10 tablets per day
10/01/2025	Cyanocobalamin INJ 1000 MCG/ML	Add to Formulary	
10/01/2025	Calcipotriene 0.005% CRM, OINT, SOL	REMOVE PA, Add QL	QL of 60ML/month (SOL), 120 GM/month (CRM and OINT)
07/01/2025	Tacrolimus 0.03% ointment	Update to Formulary, QL	QL up to 100 gm/30 days
07/01/2025	Tacrolimus 0.1% ointment	Add to Formulary, QL	QL up to 100 gm/30 days
07/01/2025	Pimecrolimus 1% cream	Add to Formulary with PA, QL	QL up to 100 gm/30 days
07/01/2025	Emgality	Add to Formulary with PA	
07/01/2025	Yesintek and Pyzchiva	Add to Formulary*	
07/01/2025	Dapagliflozin 5mg, 10mg	Add to Formulary*	
07/01/2025	Estradiol Twice weekly patches	Add to Formulary with QL, AGE	QL up to 8 patches per month, AGE min 18 years
07/01/2025	Estradiol Once weekly patches	Add to Formulary with QL, AGE	QL up to 4 patches per month, AGE min 18 years

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07/01/2025	Docycycline hyclate 100mg CAPs and TABs	Add to Formulary with QL	QL up to 2 CAPs or TABs per day
07/01/2025	Cabometyx 20mg, 40mg, 60mg	Add to Formulary with QL*	QL, 1 TAB per day
07/01/2025	Jakafi 5mg, 10mg, 15mg, 20mg, 25mg	Add to Formulary with QL*	QL, 2 TABs per day
07/01/2025	Lenvima 4mg, 8mg, 10mg, 12mg, 14mg, 18mg, 20mg, and 24mg	Add to Formulary with QL*	QL, 3 CAPs per day
07/01/2025	Pazopanib 200mg	Add to Formulary*	QL, 4 TABs per day
07/01/2025	Venclexta 50mg, 100mg, Starter Pack	Add to Formulary*	QL, 6 TABs per day
07/01/2025	Verzenio 50mg, 100mg, 150mg, 200mg	Add to Formulary with QL*	QL, 2 TABs per day
07/01/2025	Cosentyx Unoready	Add to Formulary	
04-01-2025	*ADHD AGENT - SELECTIVE ALPHA-ADRENERGIC AGONISTS***	ADD AL, QL, PA	MIN age 6 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***	ADD AL, QL, PA	MIN age 6 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*AMPHETAMINE MIXTURES***	ADD AL, PA	MIN age 13 years added medical necessity review for BRAND products with a generic available.
04-01-2025	*AMPHETAMINES***	ADD AL, QL, PA	MIN age 6 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*STIMULANT COMBINATIONS***	ADD AL, QL	MIN age 6 years added
04-01-2025	*STIMULANTS - MISC.***	ADD AL, QL, PA	MIN age 6 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	SUBOXONE SUBLINGUAL TABLET SUBLINGUAL 2-0.5 MG, 8-2 MG (buprenorphine hcl-naloxone hcl)	ADD AL, QL, PA	MIN age 16 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	albendazole oral tablet 200 mg	ADD QL	QL (4 EA per 1 day)

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04-01-2025	*ANTIANXIETY AGENTS - MISC.***	ADD AL, QL, PA	MIN age 2 years, 18 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*BENZODIAZEPINES***	ADD AL, QL, PA	MIN age 18 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*ANTICONVULSANTS - BENZODIAZEPINES***	ADD AL, QL, PA	MIN age 6 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*ANTICONVULSANTS - MISC.***	ADD AL, QL, PA	MIN age 1, 2, 3, 6 & 12 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	depakote sprinkles oral capsule delayed release sprinkle 125 mg	ADD QL, PA	Medical necessity review for BRAND products with a generic available.
04-01-2025	*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***	ADD AL, QL, PA	MIN age 18 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (dextromethorphan-bupropion)	ADD AL, QL	MIN age 18 years added
04-01-2025	*ANTIDEPRESSANTS - MISC.***	ADD AL, QL, PA	MIN age 12, 18 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*MONOAMINE OXIDASE INHIBITORS (MAOIS)***	ADD AL, QL	MIN age 16, 18 years added;
04-01-2025	*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***	ADD AL, QL, PA	MIN age 3, 6, 7 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*SEROTONIN MODULATORS***	ADD AL, QL, PA	MIN age 7, 18 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*TRICYCLIC AGENTS***	ADD AL, QL, PA	MIN age 6, 7, 12 years added; medical necessity review for BRAND products with a generic available.

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04-01-2025	*OPIOID ANTAGONISTS***	ADD AL, QL	MIN age 18 years added;
04-01-2025	prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	ADD AL, QL	MIN age 6 years added;
04-01-2025	hydroxychloroquine sulfate oral tablet 200 mg	ADD QL	QL (4 EA per 1 day); MAIL
04-01-2025	LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	ADD AL, QL, PA	MIN age 6 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	*ANTIPSYCHOTICS/ANTI MANIC AGENTS*	ADD AL, QL, PA	MIN age 6, 7, 9, 10, 18 years added; medical necessity review for BRAND products with a generic available.
04-01-2025	Meningococcal Vaccine	ADD AL	AL – 6 to 18 years
04-01-2025	Haemophilus B Polysaccharide Conjugate Vaccine Suspension	ADD AL	AL – 6 to 18 years
04-01-2025	Human Papillomavirus (HPV) Vaccine	ADD AL	AL – 9 to 18 years
04-01-2025	*Toxoid Combinations***	UPDATE AL	AL – 7+
04-01-2025	Pneumococcal Vaccine	UPDATE AL	AL – 6+
04-01-2025	Hepatitis A Vaccine	UPDATE AL	AL – 6+
04-01-2025	Hepatitis B Vaccine	UPDATE AL	AL – 6+
04-01-2025	Influenza Virus Vaccine	UPDATE AL	AL – 6+
04-01-2025	Poliovirus Vaccine, IPV	UPDATE AL	AL – 6+
04-01-2025	Varicella Virus Vaccine	UPDATE AL	AL – 6+
04-01-2025	Measles, Mumps & Rubella Virus Vaccines	UPDATE AL	AL – 6+
04-01-2025	*Toxoid Combinations***	UPDATE AL	AL – 7+
1/1/25	Basaglar KwikPen SOPN 100UNIT/ML	Removed from formulary	

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1/1/25	Trulicity SOPN 0.75MG/0.5ML	Removed from formulary	
1/1/25	Trulicity SOPN 1.5MG/0.5ML	Removed from formulary	
1/1/25	Trulicity SOAJ 4.5MG/0.5ML	Removed from formulary	
1/1/25	Trulicity SOAJ 3MG/0.5ML	Removed from formulary	
1/1/25	Qvar RediHaler AERB 80MCG/ACT	Removed from formulary	
1/1/25	Qvar RediHaler AERB 40MCG/ACT	Removed from formulary	
1/1/25	Dulera AERO 200-5MCG/ACT	Removed from formulary	
1/1/25	Dulera AERO 50-5MCG/ACT	Removed from formulary	
1/1/25	Dulera AERO 100-5MCG/ACT	Removed from formulary	
1/1/25	Eliquis TABS 2.5MG	Removed from formulary	
1/1/25	Eliquis TABS 5MG	Removed from formulary	
1/1/25	Eliquis DVT/PE Starter Pack TBPK 5MG	Removed from formulary	
1/1/25	Rezvoglar KwikPen SOPN 100UNIT/ML	Add to formulary	QL= 30ML/30day supply
1/1/25	EPINEPHrine SOSY 1MG/10ML	Add to formulary	
1/1/25	EPINEPHrine (Anaphylaxis) SOLN 1MG/ML	Add to formulary	
1/1/25	EPINEPHrine HCl (Nasal) SOLN 0.1%	Add to formulary	
1/1/25	EPINEPHrine SOLN 1MG/ML	Add to formulary	
1/1/25	EPINEPHrine SOLN 10MG/10ML	Add to formulary	
1/1/25	EPINEPHrine SOSY 1MG/ML	Add to formulary	
1/1/25	EPINEPHrine SOSY 0.2MG/0.2ML	Add to formulary	
1/1/25	EPINEPHrine SOSY 1MG/10ML	Add to formulary	
1/1/25	EPINEPHrine (Anaphylaxis) SOLN 30MG/30ML	Add to formulary	

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1/1/25	Liraglutide SOPN 18MG/3ML	Add to formulary	QL= 9ml/30day supply
1/1/25	dexAMETHasone Sodium Phosphate SOLN 4MG/ML	Add to formulary	
1/1/25	dexAMETHasone Sodium Phosphate SOSY 4MG/ML	Add to formulary	
1/1/25	Solu-CORTEF SOLR 100MG	Add to formulary	
1/1/25	methylPREDNISolone POWD	Add to formulary	
1/1/25	methylPREDNISolone Acetate SUSP 40MG/ML	Add to formulary	
1/1/25	methylPREDNISolone Acetate SUSP 50MG/ML	Add to formulary	
1/1/25	methylPREDNISolone Acetate SUSP 80MG/ML	Add to formulary	
1/1/25	methylPREDNISolone Acetate POWD	Add to formulary	
1/1/25	methylPREDNISolone Sodium Succ SOLR 40MG	Add to formulary	
1/1/25	methylPREDNISolone Sodium Succ SOLR 125MG	Add to formulary	
1/1/25	methylPREDNISolone Sodium Succ SOLR 500MG	Add to formulary	
1/1/25	methylPREDNISolone Sodium Succ SOLR 1000MG	Add to formulary	
1/1/25	Famotidine SOLN 40MG/4ML	Add to formulary	
1/1/25	Famotidine Premixed SOLN 20-0.9MG/50ML-%	Add to formulary	
1/1/25	Ondansetron HCl SOLN 40MG/20ML	Add to formulary	
1/1/25	Prochlorperazine Edisylate SOLN 10MG/2ML	Add to formulary	
1/1/25	Ketorolac Tromethamine SOLN 15MG/ML	Add to formulary	
1/1/25	Ketorolac Tromethamine SOLN 30MG/ML	Add to formulary	

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1/1/25	Ketorolac Tromethamine SOLN 60MG/2ML	Add to formulary	
1/1/25	Sodium Chloride SOLN 0.9%	Add to formulary	
1/1/25	Sodium Chloride Flush IV Soln 0.9%	Add to formulary	
1/1/25	Lactated Ringer's Solution	Add to formulary	
1/1/25	Dextrose in Lactated Ringers SOLN 5%	Add to formulary	
1/1/25	Heparin Na (Pork) Lock Flsh PF SOLN 1UNIT/ML	Add to formulary	
1/1/25	Heparin Sod (Pork) Lock Flush SOLN 10UNIT/ML	Add to formulary	
1/1/25	Heparin Na (Pork) Lock Flsh PF SOLN 10UNIT/ML	Add to formulary	
1/1/25	Heparin Sod (Pork) Lock Flush SOLN 100UNIT/ML	Add to formulary	
1/1/25	Heparin Na (Pork) Lock Flsh PF SOLN 100UNIT/ML	Add to formulary	
1/1/25	Xarelto TABS 10MG	Add to formulary	QL= 30 tabs/30day supply
1/1/25	Xarelto TABS 20MG	Add to formulary	QL= 30 tabs/30day supply
1/1/25	Xarelto TABS 2.5MG	Add to formulary	QL= 60 tabs/30day supply
1/1/25	Xarelto TABS 15MG	Add to formulary	QL= 42 tabs/30day supply
1/1/25	Xarelto SUSR 1MG/ML	Add to formulary	QL= 600ML/30day supply, AGE= MAX 17 yo
1/1/25	Xarelto Starter Pack TBPK 15 & 20MG	Add to formulary	QL= 51 tabs/28day supply
1/1/25	Hydrocortisone Acetate Suppos 25 MG	Add to formulary	
1/1/25	Hydrocortisone Acetate Suppos 30 MG	Add to formulary	