

EFFECTIVE 02/01/2023

Medication Name	Change Description
CALQUENCE 100 MG TAB <i>acalabrutinib maleate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - LA Added: Limited Access - PA Added: CALQUENCE - Added: Non-Extended Day Supply - QL Added: 60 / 30 DAYS
CAPLYTA 10.5 MG CAP <i>lumateperone tosylate</i>	<ul style="list-style-type: none"> - Added to Tier 4 - QL Added: 30 / 30 DAYS
CAPLYTA 21 MG CAP <i>lumateperone tosylate</i>	<ul style="list-style-type: none"> - Added to Tier 4 - QL Added: 30 / 30 DAYS
CIPRO 250 MG/5ML (5%) RECON SUSP <i>ciprofloxacin</i>	<ul style="list-style-type: none"> - Added to Tier 4
CIPRO 500 MG/5ML (10%) RECON SUSP <i>ciprofloxacin</i>	<ul style="list-style-type: none"> - Added to Tier 4
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	<ul style="list-style-type: none"> - Added to Tier 4
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	<ul style="list-style-type: none"> - Added to Tier 4
<i>digoxin tab 125 mcg (0.125 mg)</i>	<ul style="list-style-type: none"> - Removed From Coverage
<i>doxycycline hyclate tab 100 mg</i>	<ul style="list-style-type: none"> - Added to Tier 2
DESCOVY 120-15 MG TAB <i>emtricitabine-tenofovir alafenamide fumarate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply
ENBREL 25 MG RECON SOLN <i>etanercept</i>	<ul style="list-style-type: none"> - Removed From Coverage - QL Removed: 16 / 28 DAYS - Removed: Non-Extended Day Supply - PA Removed: enbrel
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - PA Added: gilenya - Added: Non-Extended Day Supply
<i>icosapent ethyl cap 0.5 gm</i>	<ul style="list-style-type: none"> - Added to Tier 2
IMBRUVICA 140 MG TAB <i>ibrutinib</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: imbruvica - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply

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Medication Name	Change Description
IMBRUVICA 70 MG/ML SUSPENSION <i>ibrutinib</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: imbruvica - Added: Non-Extended Day Supply - QL Added: 324 / 30 DAYS
INGREZZA 40 & 80 MG CAP THPK <i>valbenazine tosylate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: INGREZZA - LA Added: Limited Access - Added: Non-Extended Day Supply - QL Added: 28 / 180 OVER TIME
INGREZZA 40 MG CAP <i>valbenazine tosylate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - PA Added: INGREZZA - LA Added: Limited Access - Added: Non-Extended Day Supply
INGREZZA 60 MG CAP <i>valbenazine tosylate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - PA Added: INGREZZA - LA Added: Limited Access - Added: Non-Extended Day Supply
INGREZZA 80 MG CAP <i>valbenazine tosylate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - PA Added: INGREZZA - LA Added: Limited Access - Added: Non-Extended Day Supply
INTRON A 18000000 UNIT RECON SOLN <i>interferon alfa-2b</i>	<ul style="list-style-type: none"> - Removed From Coverage - Removed: Non-Extended Day Supply - PA Removed: Part D vs Part B
<i>lenalidomide cap 10 mg</i>	- LA Removed: Limited Access
<i>lenalidomide cap 15 mg</i>	- LA Removed: Limited Access
<i>lenalidomide cap 20 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: revlimid - Added: Non-Extended Day Supply - QL Added: 28 / 28 DAYS
<i>lenalidomide cap 25 mg</i>	- LA Removed: Limited Access
<i>lenalidomide cap 5 mg</i>	- LA Removed: Limited Access

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Medication Name	Change Description
<i>lenalidomide caps 2.5 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: revlimid - Added: Non-Extended Day Supply - QL Added: 28 / 28 DAYS
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	<ul style="list-style-type: none"> - Removed From Coverage
<i>mesalamine cap er 500 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply
ORKAMBI 75-94 MG PACKET <i>lumacaftor-ivacaftor</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 56 / 28 DAYS - Added: Non-Extended Day Supply - PA Added: ORKAMBI
<i>penciclovir cream 1%</i>	<ul style="list-style-type: none"> - Added to Tier 4 - QL Added: 5 / 30 OVER TIME
PHOSPHOLINE IODIDE 0.125 % RECON SOLN <i>echothiophate iodide</i>	<ul style="list-style-type: none"> - Added to Tier 4
<i>roflumilast tab 500 mcg</i>	<ul style="list-style-type: none"> - Added to Tier 4 - QL Added: 30 / 30 DAYS - PA Added: daliresp
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	<ul style="list-style-type: none"> - Added to Tier 4
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT <i>risankizumab-rzaa</i>	<ul style="list-style-type: none"> - Removed From Coverage - QL Removed: 2 / 28 DAYS - Removed: Non-Extended Day Supply - PA Removed: SKYRIZI
<i>tazarotene gel 0.05%</i>	<ul style="list-style-type: none"> - Added to Tier 4 - PA Added: TAZAROTENE
<i>tazarotene gel 0.1%</i>	<ul style="list-style-type: none"> - Added to Tier 4 - PA Added: TAZAROTENE
ZONISADE 100 MG/5ML SUSPENSION <i>zonisamide</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply - PA Added: topiramate/zonisamide

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Medication Name	Change Description
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	- Added to Tier 2
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	- Added to Tier 2
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	- Added to Tier 2
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	- Added to Tier 2
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	- Added to Tier 2
AUVELITY 45-105 MG TAB ER <i>dextromethorphan hydrobromide-bupropion hydrochloride</i>	- Added to Tier 5 - Added: Non-Extended Day Supply - QL Added: 60 / 30 DAYS - ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab 100 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab 75 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab er 12hr 100 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab er 12hr 150 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab er 12hr 200 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab er 24hr 150 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab er 24hr 300 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab sr 12hr 100 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab sr 12hr 150 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION

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Medication Name	Change Description
<i>bupropion hcl tab sr 24hr 150 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>bupropion hcl tab sr 24hr 300 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION

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Medication Name	Change Description
<i>fluoxetine hcl cap 10 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluoxetine hcl cap 20 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluoxetine hcl cap 40 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluoxetine hcl solution 20 mg/5ml</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluoxetine hcl tab 10 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluoxetine hcl tab 20 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluvoxamine maleate tab 100 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluvoxamine maleate tab 25 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>fluvoxamine maleate tab 50 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
FLUOXETINE HCL (PMDD) 10 MG TAB <i>fluoxetine hcl (pmdd)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
FLUOXETINE HCL (PMDD) 20 MG TAB <i>fluoxetine hcl (pmdd)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
FLUOXETINE HCL 90 MG CAP DR <i>fluoxetine hcl</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
GLEOSTINE 10 MG CAP <i>lomustine</i>	- Added to Tier 4
GLEOSTINE 100 MG CAP <i>lomustine</i>	- Added to Tier 4

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Medication Name	Change Description
GLEOSTINE 40 MG CAP <i>lomustine</i>	- Added to Tier 4
INTRON A 10000000 UNIT RECON SOLN <i>interferon alfa-2b</i>	- Removed From Coverage - Removed: Non-Extended Day Supply - PA Removed: Part D vs Part B
INTRON A 50000000 UNIT RECON SOLN <i>interferon alfa-2b</i>	- Removed From Coverage - Removed: Non-Extended Day Supply - PA Removed: Part D vs Part B
MENEST 2.5 MG TAB <i>esterified estrogens</i>	- Added to Tier 3 - PA Added: high risk medications-estrogens
<i>nefazodone hcl tab 250 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
NEFAZODONE HCL 100 MG TABS <i>nefazodone hcl</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
NEFAZODONE HCL 100 MG TAB <i>nefazodone hcl</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
NEFAZODONE HCL 150 MG TAB <i>nefazodone hcl</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
NEFAZODONE HCL 200 MG TAB <i>nefazodone hcl</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
NEFAZODONE HCL 250 MG TAB <i>nefazodone hcl</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
NEFAZODONE HCL 50 MG TAB <i>nefazodone hcl</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>paroxetine hcl tab 10 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>paroxetine hcl tab 20 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>paroxetine hcl tab 30 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION

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Medication Name	Change Description
<i>paroxetine hcl tab 40 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>paroxetine hcl tab er 24hr 25 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
PASER 4 GM PACKET <i>aminosalicylic acid</i>	- Removed From Coverage
<i>roflumilast tab 250 mcg</i>	- Added to Tier 4 - QL Added: 30 / 30 DAYS - PA Added: daliresp
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>sertraline hcl tab 100 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>sertraline hcl tab 25 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>sertraline hcl tab 50 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
SKYRIZI 180 MG/1.2ML SOLN CART <i>risankizumab-rzaa (crohn's)</i>	- Added to Tier 5 - QL Added: 1.2 / 56 OVER TIME - Added: Non-Extended Day Supply - PA Added: SKYRIZI
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION

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Medication Name	Change Description
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 100 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 25 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 37.5 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 50 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 75 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>vilazodone hcl tab 10 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>vilazodone hcl tab 20 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION
<i>vilazodone hcl tab 40 mg</i>	- ST Added: DEXTROMETHORPHAN/BUPROPION

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Medication Name	Change Description
AMJEVITA 20 MG/0.4ML SOLN PRSYR <i>adalimumab-atto</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply - PA Added: AMJEVITA - QL Added: 2 / 28 DAYS
AMJEVITA 40 MG/0.8ML SOLN A-INJ <i>adalimumab-atto</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply - QL Added: 6 / 28 DAYS - PA Added: AMJEVITA
AMJEVITA 40 MG/0.8ML SOLN PRSYR <i>adalimumab-atto</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply - QL Added: 6 / 28 DAYS - PA Added: AMJEVITA
<i>digoxin tab 250 mcg (0.25 mg)</i>	- Removed From Coverage
<i>estradiol valerate im in oil 10 mg/ml</i>	- Added to Tier 4
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR <i>hepatitis b vaccine recombinant adjuvanted</i>	<ul style="list-style-type: none"> - Added to Tier 3 - PA Added: Part D vs Part B
JYNNEOS 0.5 ML SUSPENSION <i>smallpox & monkeypox vaccine, live, non-replicating</i>	<ul style="list-style-type: none"> - Added to Tier 3 - PA Added: Part D vs Part B
KRAZATI 200 MG TAB <i>adagrasib</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 180 / 30 DAYS - Added: Non-Extended Day Supply - PA Added: KRAZATI
<i>lubiprostone cap 24 mcg</i>	<ul style="list-style-type: none"> - Added to Tier 4 - QL Added: 60 / 30 DAYS
<i>lubiprostone cap 8 mcg</i>	<ul style="list-style-type: none"> - Added to Tier 4 - QL Added: 60 / 30 DAYS
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	- Removed From Coverage
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN <i>semaglutide</i>	<ul style="list-style-type: none"> - Added to Tier 3 - QL Added: 3 / 28 DAYS - PA Added: glucagon-like peptide-1 agonists

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Medication Name	Change Description
<i>pirfenidone cap 267 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- QL Added: 270 / 30 DAYS- Added: Non-Extended Day Supply- PA Added: esbriet
SODIUM OXYBATE 500 MG/ML SOLUTION <i>sodium oxybate</i>	<ul style="list-style-type: none">- Added to Tier 5- QL Added: 540 / 30 DAYS- LA Added: Limited Access- Added: Non-Extended Day Supply- PA Added: xyrem
SUNLENCA 4 X 300 MG TAB THPK <i>lenacapavir sodium</i>	<ul style="list-style-type: none">- Added to Tier 5- Added: Non-Extended Day Supply
SUNLENCA 5 X 300 MG TAB THPK <i>lenacapavir sodium</i>	<ul style="list-style-type: none">- Added to Tier 5- Added: Non-Extended Day Supply

EFFECTIVE 05/01/2023

Medication Name	Change Description
<i>bacitracin-polymyxin b ophth oint</i>	- Added to Tier 2
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	- Added to Tier 3
<i>ciclopirox gel 0.77%</i>	- Tier Decreased: Tier 3 to Tier 1 - QL Change: 45 / 28 OVER TIME to 100 / 28 OVER TIME
<i>hydroxychloroquine sulfate tab 200 mg</i>	- Tier Decreased: Tier 2 to Tier 1 - PA Removed: HYDROXYCHLOROQUINE
JAYPIRCA 100 MG TAB <i>pirtobrutinib</i>	- Added to Tier 5 - Added: Non-Extended Day Supply - PA Added: JAYPIRCA - QL Added: 60 / 30 DAYS
JAYPIRCA 50 MG TAB <i>pirtobrutinib</i>	- Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply - PA Added: JAYPIRCA
<i>lamotrigine tab 100 mg</i>	- Added to Tier 1
<i>lamotrigine tab 150 mg</i>	- Added to Tier 1
<i>lamotrigine tab 200 mg</i>	- Added to Tier 1
<i>lamotrigine tab 25 mg</i>	- Added to Tier 1
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	- Added to Tier 4
<i>lamotrigine tab 35 x 25 mg starter kit</i>	- Added to Tier 4
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	- Added to Tier 4
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	- Added to Tier 4
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	- Added to Tier 4

EFFECTIVE 05/01/2023

Medication Name	Change Description
<i>lurasidone hcl tab 120 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply
<i>lurasidone hcl tab 20 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply
<i>lurasidone hcl tab 40 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply
<i>lurasidone hcl tab 60 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply
<i>lurasidone hcl tab 80 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply - QL Added: 60 / 30 DAYS
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK <i>futibatinib</i>	<ul style="list-style-type: none"> - Added to Tier 5 - LA Added: Limited Access - Added: Non-Extended Day Supply - PA Added: LYTGOBI
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK <i>futibatinib</i>	<ul style="list-style-type: none"> - Added to Tier 5 - LA Added: Limited Access - Added: Non-Extended Day Supply - PA Added: LYTGOBI
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK <i>futibatinib</i>	<ul style="list-style-type: none"> - Added to Tier 5 - LA Added: Limited Access - Added: Non-Extended Day Supply - PA Added: LYTGOBI
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	<ul style="list-style-type: none"> - Removed From Coverage
ORSERDU 345 MG TAB <i>elacestrant hydrochloride</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - PA Added: ORSERDU - Added: Non-Extended Day Supply

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Medication Name	Change Description
ORSERDU 86 MG TAB <i>elacestrant hydrochloride</i>	<ul style="list-style-type: none">- Added to Tier 5- PA Added: ORSERDU- Added: Non-Extended Day Supply- QL Added: 90 / 30 DAYS
REPATHA 140 MG/ML SOLN PRSYR <i>evolocumab</i>	<ul style="list-style-type: none">- Tier Decreased: Tier 3 to Tier 1- QL Change: 3 / 28 DAYS to 6 / 28 DAYS
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART <i>evolocumab</i>	<ul style="list-style-type: none">- Tier Decreased: Tier 3 to Tier 1- QL Change: 3.5 / 28 DAYS to 7 / 28 DAYS
REPATHA SURECLICK 140 MG/ML SOLN A-INJ <i>evolocumab</i>	<ul style="list-style-type: none">- Tier Decreased: Tier 3 to Tier 1- QL Change: 3 / 28 DAYS to 6 / 28 DAYS
REZLIDHIA 150 MG CAP <i>olutasidenib</i>	<ul style="list-style-type: none">- Added to Tier 5- PA Added: REZLIDHIA- Added: Non-Extended Day Supply- QL Added: 60 / 30 DAYS
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	<ul style="list-style-type: none">- Added to Tier 1
<i>tasimelteon capsule 20 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- QL Added: 30 / 30 DAYS- Added: Non-Extended Day Supply- PA Added: HETLIOZ
VELPHORO 500 MG CHEW TAB <i>sucroferic oxyhydroxide</i>	<ul style="list-style-type: none">- Added to Tier 5- QL Added: 180 / 30 DAYS- Added: Non-Extended Day Supply
ZTALMY 50 MG/ML SUSPENSION <i>ganaxolone</i>	<ul style="list-style-type: none">- Added to Tier 5- QL Added: 1080 / 30 DAYS- LA Added: Limited Access- Added: Non-Extended Day Supply- PA Added: ZTALMY

EFFECTIVE 06/01/2023	
Medication Name	Change Description
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	- Tier Decreased: Tier 3 to Tier 2
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	- Removed From Coverage
ANDRODERM 2 MG/24HR PATCH 24HR <i>testosterone</i>	- Removed From Coverage
ANDRODERM 4 MG/24HR PATCH 24HR <i>testosterone</i>	- Removed From Coverage
<i>diltiazem hcl tab er 24hr 120 mg</i>	- Added to Tier 2
<i>diltiazem hcl tab er 24hr 420 mg</i>	- Added to Tier 2
ERLEADA 240 MG TAB <i>apalutamide</i>	- Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply - PA Added: ERLEADA
GENTAK 0.3 % OINTMENT <i>gentamicin sulfate (ophth)</i>	- Removed From Coverage
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	- Removed From Coverage
<i>oxandrolone tab 10 mg</i>	- Removed From Coverage
<i>oxandrolone tab 2.5 mg</i>	- Removed From Coverage
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	- Added to Tier 3 - Added: Non-Extended Day Supply - QL Added: 360 / 30 OVER TIME
OXANDROLONE 10 MG TAB <i>oxandrolone</i>	- Removed From Coverage
OXANDROLONE 2.5 MG TAB <i>oxandrolone</i>	- Removed From Coverage
PREDNICARBATE 0.1 % OINTMENT <i>prednicarbate</i>	- Removed From Coverage
<i>teriflunomide tab 14 mg</i>	- Added to Tier 5 - QL Added: 30 / 30 DAYS - PA Added: aubagio - Added: Non-Extended Day Supply

EFFECTIVE 06/01/2023

Medication Name	Change Description
<i>teriflunomide tab 7 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- QL Added: 30 / 30 DAYS- PA Added: aubagio- Added: Non-Extended Day Supply

EFFECTIVE 06/23/2023

Medication Name	Change Description
ABRYSVO 120 MCG/0.5ML RECON SOLN <i>rsv pre-fusion f a&b protein vaccine recombinant</i>	- Added to Tier 3 - SUM1 Added: Smart UM #1
AREXVY 120 MCG/0.5ML RECON SUSP <i>rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted</i>	- Added to Tier 3 - SUM1 Added: Smart UM #1

EFFECTIVE 07/01/2023

Medication Name	Change Description
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: APOKYN - Added: Non-Extended Day Supply - QL Added: 90 / 30 DAYS
APOKYN 30 MG/3ML SOLN CART <i>apomorphine hydrochloride</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: APOKYN - LA Added: Limited Access - Added: Non-Extended Day Supply - QL Added: 90 / 30 DAYS
AUGMENTIN 125-31.25 MG/5ML RECON SUSP <i>amoxicillin & pot clavulanate</i>	<ul style="list-style-type: none"> - Added to Tier 3
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	<ul style="list-style-type: none"> - Removed From Coverage
DRIZALMA SPRINKLE 20 MG CAP DR <i>duloxetine hcl</i>	<ul style="list-style-type: none"> - Removed From Coverage - QL Removed: 60 / 30 DAYS
DRIZALMA SPRINKLE 30 MG CAP DR <i>duloxetine hcl</i>	<ul style="list-style-type: none"> - Removed From Coverage - QL Removed: 60 / 30 DAYS
DRIZALMA SPRINKLE 40 MG CAP DR <i>duloxetine hcl</i>	<ul style="list-style-type: none"> - Removed From Coverage - QL Removed: 90 / 30 DAYS
DRIZALMA SPRINKLE 60 MG CAP DR <i>duloxetine hcl</i>	<ul style="list-style-type: none"> - Removed From Coverage - QL Removed: 60 / 30 DAYS
EPIVIR HBV 5 MG/ML SOLUTION <i>lamivudine (hbv)</i>	<ul style="list-style-type: none"> - Removed From Coverage
<i>isotretinoin cap 10 mg</i>	<ul style="list-style-type: none"> - Removed From Coverage
<i>isotretinoin cap 20 mg</i>	<ul style="list-style-type: none"> - Removed From Coverage
<i>isotretinoin cap 30 mg</i>	<ul style="list-style-type: none"> - Removed From Coverage
<i>isotretinoin cap 40 mg</i>	<ul style="list-style-type: none"> - Removed From Coverage
INSULIN LISPRO 100 UNIT/ML SOLUTION <i>insulin lispro</i>	<ul style="list-style-type: none"> - Added to Tier 3
<i>levofloxacin iv soln 25 mg/ml</i>	<ul style="list-style-type: none"> - Removed From Coverage - PA Removed: ANTIBIOTICS (IV)

EFFECTIVE 07/01/2023

Medication Name	Change Description
LEVOFLOXACIN 25 MG/ML SOLUTION <i>levofloxacin</i>	- Removed From Coverage - PA Removed: ANTIBIOTICS (IV)
LUMAKRAS 320 MG TAB <i>sotorasib</i>	- Added to Tier 5 - Added: Non-Extended Day Supply - PA Added: LUMAKRAS
<i>naftifine hcl gel 2%</i>	- Added to Tier 4 - QL Added: 60 / 28 OVER TIME
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN <i>semaglutide</i>	- Removed From Coverage - PA Removed: glucagon-like peptide-1 agonists - QL Removed: 1.5 / 28 DAYS
PRIMIDONE 125 MG TAB <i>primidone</i>	- Added to Tier 4
REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN <i>insulin glargine-aglr</i>	- SUM2 Added: Smart UM #2
ROTARIX SUSPENSION <i>rotavirus vaccine, live oral</i>	- Added to Tier 3
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK <i>infigratinib phosphate</i>	- Removed From Coverage - PA Removed: TRUSELTIQ - LA Removed: Limited Access - Removed: Non-Extended Day Supply - QL Removed: 21 / 28 OVER TIME
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK <i>infigratinib phosphate</i>	- Removed From Coverage - PA Removed: TRUSELTIQ - LA Removed: Limited Access - Removed: Non-Extended Day Supply - QL Removed: 42 / 28 OVER TIME
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	- Removed From Coverage - PA Removed: TRUSELTIQ - LA Removed: Limited Access - Removed: Non-Extended Day Supply - QL Removed: 42 / 28 OVER TIME
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	- Removed From Coverage - QL Removed: 63 / 28 OVER TIME - PA Removed: TRUSELTIQ - LA Removed: Limited Access - Removed: Non-Extended Day Supply

EFFECTIVE 07/26/2023

Medication Name	Change Description
<i>cimetidine hcl soln 300 mg/5ml</i>	- Removed From Coverage
CIMETIDINE HCL 300 MG/5ML SOLUTION <i>cimetidine hcl</i>	- Removed From Coverage
KYNMOBI 10 MG FILM <i>apomorphine hydrochloride</i>	- Removed From Coverage - Removed: Non-Extended Day Supply - PA Removed: KYNMOBI - QL Removed: 150 / 30 DAYS
KYNMOBI 15 MG FILM <i>apomorphine hydrochloride</i>	- Removed From Coverage - Removed: Non-Extended Day Supply - PA Removed: KYNMOBI - QL Removed: 150 / 30 DAYS
KYNMOBI 20 MG FILM <i>apomorphine hydrochloride</i>	- Removed From Coverage - Removed: Non-Extended Day Supply - PA Removed: KYNMOBI - QL Removed: 150 / 30 DAYS
KYNMOBI 25 MG FILM <i>apomorphine hydrochloride</i>	- Removed From Coverage - Removed: Non-Extended Day Supply - PA Removed: KYNMOBI - QL Removed: 150 / 30 DAYS
KYNMOBI 30 MG FILM <i>apomorphine hydrochloride</i>	- Removed From Coverage - Removed: Non-Extended Day Supply - PA Removed: KYNMOBI - QL Removed: 150 / 30 DAYS
<i>levothyroxine sodium tab 100 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 112 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 125 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 137 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 150 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 175 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 200 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 25 mcg</i>	- Removed From Coverage

EFFECTIVE 07/26/2023

Medication Name	Change Description
<i>levothyroxine sodium tab 300 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 50 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 75 mcg</i>	- Removed From Coverage
<i>levothyroxine sodium tab 88 mcg</i>	- Removed From Coverage
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	- Removed From Coverage
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	- Removed From Coverage
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	- Removed From Coverage
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB <i>quinapril-hydrochlorothiazide</i>	- Removed From Coverage
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB <i>quinapril-hydrochlorothiazide</i>	- Removed From Coverage
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK <i>ozanimod hcl</i>	- Removed From Coverage - Removed: Non-Extended Day Supply - QL Removed: 37 / 180 OVER TIME - PA Removed: ZEPOSIA

EFFECTIVE 07/27/2023

Medication Name	Change Description
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	- Added to Tier 4

EFFECTIVE 08/01/2023

Medication Name	Change Description
AMJEVITA 10 MG/0.2ML SOLN PRSYR <i>adalimumab-atto</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 0.4 / 28 DAYS - Added: Non-Extended Day Supply - PA Added: AMJEVITA
<i>gefitinib tab 250 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply - PA Added: IRESSA
KALYDECO 13.4 MG PACKET <i>ivacaftor</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: KALYDECO - QL Added: 56 / 28 DAYS - Added: Non-Extended Day Supply
<i>methsuximide cap 300 mg</i>	<ul style="list-style-type: none"> - Added to Tier 4
MEKINIST 0.05 MG/ML RECON SOLN <i>trametinib dimethyl sulfoxide</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 1200 / 30 DAYS - Added: Non-Extended Day Supply - PA Added: mekinist
<i>nitisinone cap 20 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply - PA Added: NITISINONE
TAFINLAR 10 MG TAB SOL <i>dabrafenib mesylate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 840 / 28 DAYS - Added: Non-Extended Day Supply - PA Added: tafinlar
TRIKAFTA 100-50-75 & 75 MG THER PACK <i>elexacaftor-tezacaftor-ivacaftor</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 56 / 28 DAYS - Added: Non-Extended Day Supply - PA Added: TRIKAFTA
TRIKAFTA 80-40-60 & 59.5 MG THER PACK <i>elexacaftor-tezacaftor-ivacaftor</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 56 / 28 DAYS - Added: Non-Extended Day Supply - PA Added: TRIKAFTA
TURALIO 125 MG CAP <i>pexidartinib hcl</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 120 / 30 DAYS - PA Added: TURALIO - LA Added: Limited Access - Added: Non-Extended Day Supply

EFFECTIVE 08/23/2023

Medication Name	Change Description
<i>hydrocortisone perianal cream 1%</i>	- Removed From Coverage
IMBRUVICA 560 MG TAB <i>ibrutinib</i>	<ul style="list-style-type: none">- Removed From Coverage- Removed: Non-Extended Day Supply- PA Removed: imbruvica- QL Removed: 30 / 30 DAYS
TURALIO 200 MG CAP <i>pexidartinib hcl</i>	<ul style="list-style-type: none">- Removed From Coverage- LA Removed: Limited Access- Removed: Non-Extended Day Supply- PA Removed: TURALIO- QL Removed: 120 / 30 DAYS

EFFECTIVE 09/01/2023

Medication Name	Change Description
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR <i>aripiprazole</i>	- Added to Tier 5 - QL Added: 2.4 / 56 OVER TIME
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR <i>aripiprazole</i>	- Added to Tier 5 - QL Added: 3.2 / 56 OVER TIME
CYLTEZO 10 MG/0.2ML PREF SY KT <i>adalimumab-adbm</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - Added: Non-Extended Day Supply - QL Added: 2 / 28 DAYS
CYLTEZO 20 MG/0.4ML PREF SY KT <i>adalimumab-adbm</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - Added: Non-Extended Day Supply - QL Added: 2 / 28 DAYS
CYLTEZO 40 MG/0.8ML AUT-IJ KIT <i>adalimumab-adbm</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - QL Added: 4 / 28 DAYS - Added: Non-Extended Day Supply
CYLTEZO 40 MG/0.8ML PREF SY KT <i>adalimumab-adbm</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - QL Added: 4 / 28 DAYS - Added: Non-Extended Day Supply
CYLTEZO-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT <i>adalimumab-adbm</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - Added: Non-Extended Day Supply - QL Added: 6 / 180 OVER TIME
CYLTEZO-PSORIASIS STARTER 40 MG/0.8ML AUT-IJ KIT <i>adalimumab-adbm</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - Added: Non-Extended Day Supply - QL Added: 4 / 180 OVER TIME
<i>darunavir tab 600 mg</i>	- Added to Tier 5 - Added: Non-Extended Day Supply
<i>darunavir tab 800 mg</i>	- Added to Tier 5 - Added: Non-Extended Day Supply
GRALISE 450 MG TAB <i>gabapentin (once-daily)</i>	- Added to Tier 3 - PA Added: GRALISE/HORIZANT/LYRICA CR - QL Added: 60 / 30 DAYS

EFFECTIVE 09/01/2023

Medication Name	Change Description
GRALISE 750 MG TAB <i>gabapentin (once-daily)</i>	- Added to Tier 3 - PA Added: GRALISE/HORIZANT/LYRICA CR - QL Added: 60 / 30 DAYS
GRALISE 900 MG TAB <i>gabapentin (once-daily)</i>	- Added to Tier 3 - PA Added: GRALISE/HORIZANT/LYRICA CR - QL Added: 60 / 30 DAYS
<i>hydromorphone hcl preservative free (pf)</i> <i>inj 10 mg/ml</i>	- QL Removed: 240 / 30 OVER TIME
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION <i>hydromorphone hcl</i>	- QL Removed: 240 / 30 OVER TIME
HYRIMOZ 10 MG/0.1 ML SOLN PRSYR <i>adalimumab-adaz</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - Added: Non-Extended Day Supply - QL Added: 0.2 / 28 DAYS
HYRIMOZ 20 MG/0.2ML SOLN PRSYR <i>adalimumab-adaz</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - QL Added: 0.4 / 28 DAYS - Added: Non-Extended Day Supply
HYRIMOZ 40 MG/0.4ML SOLN A-INJ <i>adalimumab-adaz</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - QL Added: 1.6 / 28 DAYS - Added: Non-Extended Day Supply
HYRIMOZ 40 MG/0.4ML SOLN PRSYR <i>adalimumab-adaz</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - QL Added: 1.6 / 28 DAYS - Added: Non-Extended Day Supply
HYRIMOZ 80 MG/0.8ML SOLN A-INJ <i>adalimumab-adaz</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - QL Added: 1.6 / 28 DAYS - Added: Non-Extended Day Supply
HYRIMOZ-CROHNS/UC STARTER PACK 80 MG/0.8ML SOLN A-INJ <i>adalimumab-adaz</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - Added: Non-Extended Day Supply - QL Added: 2.4 / 180 OVER TIME

EFFECTIVE 09/01/2023

Medication Name	Change Description
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR <i>adalimumab-adaz</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: ADALIMUMAB OTHER - Added: Non-Extended Day Supply - QL Added: 1.2 / 180 OVER TIME
HYRIMOZ-PLAQUE PSORIASIS START 80 MG/0.8ML & 40MG/0.4ML SOLN A-INJ <i>adalimumab-adaz</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: ADALIMUMAB OTHER - QL Added: 1.6 / 180 OVER TIME - Added: Non-Extended Day Supply
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT <i>leuprolide acetate (cpp)</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply - PA Added: GONADOTROPIN-RELEASING HORMONE AGONISTS - INJECTABLE LONG ACTING
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT <i>leuprolide acetate (cpp) (3 month)</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply - PA Added: GONADOTROPIN-RELEASING HORMONE AGONISTS - INJECTABLE LONG ACTING
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT <i>leuprolide acetate (cpp) (6 month)</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added: Non-Extended Day Supply - PA Added: GONADOTROPIN-RELEASING HORMONE AGONISTS - INJECTABLE LONG ACTING
NEXPLANON 68 MG IMPLANT <i>etonogestrel</i>	<ul style="list-style-type: none"> - Added to Tier 4
UZEDY 100 MG/0.28ML SUSP PRSYR <i>risperidone</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 0.28 / 28 OVER TIME
UZEDY 125 MG/0.35ML SUSP PRSYR <i>risperidone</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 0.35 / 28 OVER TIME
UZEDY 150 MG/0.42ML SUSP PRSYR <i>risperidone</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 0.42 / 56 OVER TIME
UZEDY 200 MG/0.56ML SUSP PRSYR <i>risperidone</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 0.56 / 56 OVER TIME
UZEDY 250 MG/0.7ML SUSP PRSYR <i>risperidone</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 0.7 / 56 OVER TIME
UZEDY 50 MG/0.14ML SUSP PRSYR <i>risperidone</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 0.14 / 28 OVER TIME

EFFECTIVE 09/01/2023

Medication Name	Change Description
UZEDY 75 MG/0.21ML SUSP PRSYR <i>risperidone</i>	- Added to Tier 5 - QL Added: 0.21 / 28 OVER TIME

EFFECTIVE 09/27/2023

Medication Name	Change Description
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR <i>aripiprazole</i>	- Added: Non-Extended Day Supply
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR <i>aripiprazole</i>	- Added: Non-Extended Day Supply
UZEDY 100 MG/0.28ML SUSP PRSYR <i>risperidone</i>	- Added: Non-Extended Day Supply
UZEDY 125 MG/0.35ML SUSP PRSYR <i>risperidone</i>	- Added: Non-Extended Day Supply
UZEDY 150 MG/0.42ML SUSP PRSYR <i>risperidone</i>	- Added: Non-Extended Day Supply
UZEDY 200 MG/0.56ML SUSP PRSYR <i>risperidone</i>	- Added: Non-Extended Day Supply
UZEDY 250 MG/0.7ML SUSP PRSYR <i>risperidone</i>	- Added: Non-Extended Day Supply
UZEDY 50 MG/0.14ML SUSP PRSYR <i>risperidone</i>	- Added: Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR <i>risperidone</i>	- Added: Non-Extended Day Supply

EFFECTIVE 10/01/2023

Medication Name	Change Description
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ <i>adalimumab-adaz</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: ADALIMUMAB OTHER - QL Added: 1.6 / 28 DAYS - Added: Non-Extended Day Supply
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR <i>adalimumab-adaz</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: ADALIMUMAB OTHER - QL Added: 1.6 / 28 DAYS - Added: Non-Extended Day Supply
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	<ul style="list-style-type: none"> - Added to Tier 3 - QL Added: 10.2 / 30 DAYS
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	<ul style="list-style-type: none"> - Added to Tier 3 - QL Added: 10.2 / 30 DAYS
BUDESONIDE-FORMOTEROL FUMARATE 160-4.5 MCG/ACT AEROSOL <i>budesonide-formoterol fumarate dihydrate</i>	<ul style="list-style-type: none"> - Added to Tier 3 - QL Added: 10.2 / 30 DAYS
PENICILLIN G PROCAINE 600000 UNIT/ML SUSPENSION <i>penicillin g procaine</i>	<ul style="list-style-type: none"> - Removed From Coverage - PA Removed: ANTIBIOTICS (IV)
RINVOQ 45 MG TAB ER 24H <i>upadacitinib</i>	<ul style="list-style-type: none"> - QL Change: 56 / 180 OVER TIME to 84 / 180 OVER TIME
TALZENNA 0.1 MG CAP <i>talazoparib tosylate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: TALZENNA - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply
TALZENNA 0.35 MG CAP <i>talazoparib tosylate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: TALZENNA - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply
<i>vigabatrin tab 500 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - LA Added: Limited Access - Added: Non-Extended Day Supply
ZEJULA 100 MG TAB <i>niraparib tosylate</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added: ZEJULA - LA Added: Limited Access - Added: Non-Extended Day Supply - QL Added: 90 / 30 DAYS

EFFECTIVE 10/01/2023

Medication Name	Change Description
ZEJULA 200 MG TAB <i>niraparib tosylate</i>	<ul style="list-style-type: none">- Added to Tier 5- PA Added: ZEJULA- QL Added: 30 / 30 DAYS- LA Added: Limited Access- Added: Non-Extended Day Supply
ZEJULA 300 MG TAB <i>niraparib tosylate</i>	<ul style="list-style-type: none">- Added to Tier 5- PA Added: ZEJULA- QL Added: 30 / 30 DAYS- LA Added: Limited Access- Added: Non-Extended Day Supply
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK <i>ozanimod hcl</i>	<ul style="list-style-type: none">- Added to Tier 5- Added: Non-Extended Day Supply- PA Added: ZEPOSIA- QL Added: 28 / 180 OVER TIME

EFFECTIVE 11/01/2023

Medication Name	Change Description
<i>desonide gel 0.05%</i>	- Removed From Coverage
INPEFA 200 MG TAB <i>sotagliflozin</i>	- Added to Tier 1 - PA Added: INPEFA - QL Added: 60 / 30 DAYS
<i>nevirapine tab er 24hr 100 mg</i>	- Removed From Coverage
NEVIRAPINE ER 100 MG TAB ER 24H <i>nevirapine</i>	- Removed From Coverage
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	- Added to Tier 1 - QL Added: 90 / 90 DAYS
<i>tretinoin cream 0.025%</i>	- Removed From Coverage - PA Removed: topical retinoid products

EFFECTIVE 12/01/2023	
Medication Name	Change Description
BREO ELLIPTA 50-25 MCG/INH AER POW BA <i>fluticasone furoate-vilanterol</i>	- Added to Tier 3 - QL Added: 60 / 30 DAYS
CEFACLOR 125 MG/5ML RECON SUSP <i>cefaclor</i>	- Removed From Coverage
CEFACLOR 375 MG/5ML RECON SUSP <i>cefaclor</i>	- Removed From Coverage
CRESEMBA 74.5 MG CAP <i>isavuconazonium sulfate</i>	- Added to Tier 4 - PA Added: CRESEMBA (ORAL)
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR <i>adalimumab-adaz</i>	- Added to Tier 5 - PA Added: ADALIMUMAB OTHER - Added: Non-Extended Day Supply - QL Added: 2.4 / 180 OVER TIME
LITHIUM 8 MEQ/5ML SOLUTION <i>lithium</i>	- Added to Tier 2
OJJAARA 100 MG TAB <i>momelotinib dihydrochloride</i>	- Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply - PA Added: OJJAARA
OJJAARA 150 MG TAB <i>momelotinib dihydrochloride</i>	- Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply - PA Added: OJJAARA
OJJAARA 200 MG TAB <i>momelotinib dihydrochloride</i>	- Added to Tier 5 - QL Added: 30 / 30 DAYS - Added: Non-Extended Day Supply - PA Added: OJJAARA
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	- Added to Tier 3 - QL Added: 30 / 30 DAYS
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	- Added to Tier 3 - QL Added: 30 / 30 DAYS
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	- Added to Tier 3 - QL Added: 60 / 30 DAYS
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	- Added to Tier 3 - QL Added: 30 / 30 DAYS

EFFECTIVE 12/01/2023

Medication Name	Change Description
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	<ul style="list-style-type: none">- Added to Tier 3- QL Added: 30 / 30 DAYS
SYNJARDY XR 10-1000 MG TAB ER 24H <i>empagliflozin-metformin hcl</i>	<ul style="list-style-type: none">- Removed From Coverage- QL Removed: 60 / 30 DAYS
SYNJARDY XR 12.5-1000 MG TAB ER 24H <i>empagliflozin-metformin hcl</i>	<ul style="list-style-type: none">- Removed From Coverage- QL Removed: 60 / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H <i>empagliflozin-metformin hcl</i>	<ul style="list-style-type: none">- Removed From Coverage- QL Removed: 30 / 30 DAYS
SYNJARDY XR 5-1000 MG TAB ER 24H <i>empagliflozin-metformin hcl</i>	<ul style="list-style-type: none">- Removed From Coverage- QL Removed: 60 / 30 DAYS
<i>testosterone td gel 12.5 mg/act (1%)</i>	<ul style="list-style-type: none">- Added to Tier 3- PA Added: NON-INJECTABLE TESTOSTERONE PRODUCTS- QL Added: 300 / 30 DAYS
TESTOSTERONE 12.5 MG/ACT (1%) GEL <i>testosterone</i>	<ul style="list-style-type: none">- Added to Tier 3- PA Added: NON-INJECTABLE TESTOSTERONE PRODUCTS- QL Added: 300 / 30 DAYS
VANFLYTA 17.7 MG TAB <i>quizartinib dihydrochloride</i>	<ul style="list-style-type: none">- Added to Tier 5- PA Added: VANFLYTA- QL Added: 56 / 28 DAYS- Added: Non-Extended Day Supply
VANFLYTA 26.5 MG TAB <i>quizartinib dihydrochloride</i>	<ul style="list-style-type: none">- Added to Tier 5- PA Added: VANFLYTA- QL Added: 56 / 28 DAYS- Added: Non-Extended Day Supply
XDEMVIY 0.25 % SOLUTION <i>lotilaner</i>	<ul style="list-style-type: none">- Added to Tier 5- Added: Non-Extended Day Supply- PA Added: XDEMVIY- QL Added: 10 / 42 OVER TIME