



Formulary Updates to DHMP Commercial Plans
 DHHA: DMC/DMC-HP/POS

Denver Health Medical Plan (DHMP) may add or remove drugs from the formulary or make changes to restrictions on formulary drugs during the year. If DHMP removes drugs from the formulary, or adds a restriction to an existing formulary drug, such as prior authorization, quantity limits and/or step therapy, [and/or moves a drug to a higher cost-sharing tier], DHMP will notify you of the change at least 60 days before the date that the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe, or the drug’s manufacturer removes the drug from the market, DHMP will immediately remove the drug from the formulary.

The table below outlines previous and/or recent changes to the formulary. The newest updates are highlighted in yellow. For questions or if you would like more information related to these changes please call the DHMP Pharmacy Services Department at 303-602-2070 or 877-357-0963.

FORMULARY ABBREVIATIONS (Explanations can be found on the website in the DHMP Commercial Formulary and Pharmaceutical Management Procedures)

DISC = Lowest Copay Tier (note: DISC = Tier 1 for the DHMO plan); LA = Limited Access (must be filled at DH Pharmacy or PA Required); PA = Prior Authorization; PREV = Preventative Medication; QL = Quantity Limit; ST = Step Therapy

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Menveo	New Addition	New Addition	N/A	PREV	Age	04/01/2024
Menquadfi	New Addition	New Addition	N/A	PREV	Age	04/01/2024
Tranexamic acid tablets	QL change	To improve background QL calculations and to match the print formulary	N/A	Tier 1	QL	04/01/2024
Tresiba vials and Flextouch Pens	Deletion	Generic available	Insulin degludec vials and Flextouch Pens,	N/A	N/A	06/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			Lantus and Levemir			
Insulin degludec vials and FlexTouch Pens	New Generic for Tresiba; Tier Change from 4 to 2	New Generic	Lantus and Levemir	Tier 2	LA, QL, ST	04/01/2024
Forteo injection	Deletion	Generic available	Teriparatide injection	N/A	N/A	06/01/2024
Teriparatide injection	New Generic for Forteo	New Generic	N/A	Tier 5	PA, QL, LA	04/01/2024
Mydayis ER oral capsule	Deletion	Generic available	Dextroamphetamine-Amphetamine ER oral capsule	N/A	N/A	04/01/2024
Dextroamphetamine-Amphetamine ER oral capsule	New Generic for Mydayis; Tier Change from Tier 4 to 2	New Generic	N/A	Tier 2	QL, LA	04/01/2024
Risperdal Consta injection	Deletion	Generic available	Risperidone tablets and risperidone microspheres injection	N/A	N/A	06/01/2024
Risperidone microspheres injection	New Generic for Risperdal Consta, Tier Change from 4 to 2	New Generic	Risperidone tablets	Tier 2	LA, ST, QL	04/01/2024
Abryso	New Addition	New Addition	N/A	PREV	Age	01/01/2024
Arexvy	New Addition	New Addition	N/A	PREV	Age	01/01/2024
Paxlovid tablet	Tier Change from PREV to Tier 3, quantity limit restriction change, age restriction added	Clinical and Cost Reevaluation	N/A	Tier 3	Age, QL	01/01/2024
Diclofenac powder	New Generic for Cambia; Tier	New generic		Tier 1	QL	10/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Change from Tier 4 to Tier 1					
Lisdexamfetamine oral capsule and chewable tablet	New Generic for Vyvanse	New Generic	N/A	Tier 1	QL	10/01/2023
Beyfortus injection	New Addition	New Addition	N/A	PREV	Age	10/01/2023
Kineret injection	New Addition	New Addition	N/A	Tier 5	PA, LA	10/01/2023
Rinvoq oral tablet	New Addition	New Addition	N/A	Tier 5	PA, LA	10/01/2023
Climara Pro transdermal patch	New Addition	New Addition	N/A	Tier 4	LA, QL	10/01/2023
Tropium oral tablet and extended-release capsule	New Addition	New Addition	N/A	Tier 1		10/01/2023
Itraconazole Capsules and Oral Solution	New Addition	New Addition	N/A	Tier 1		07/01/2023
Voriconazole Tablets and Oral Suspension	New Addition	New Addition	N/A	Tier 1		07/01/2023
Tinidazole Tablets	New Addition	New Addition	N/A	Tier 1		07/01/2023
Cefpodoxime Tablets and Oral Suspension	New Addition	New Addition	N/A	Tier 1		07/01/2023
Moxifloxacin Tablets	New Addition	New Addition	N/A	Tier 1		07/01/2023
Tetracycline Capsules	New Addition	New Addition	N/A	Tier 1		07/01/2023
Anoro Ellipta Inhaler	New Addition	New Addition	N/A	Tier 4	LA, QL	07/01/2023
Delstrigo Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL	07/01/2023
Symtuza Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL	07/01/2023
Austedo Tablets	New Addition	New Addition	N/A	Tier 5	LA, PA	07/01/2023
Cabergoline Tablets	New Addition	New Addition	N/A	Tier 1	QL	07/01/2023
Dapsone Gel	New Addition	New Addition	N/A	Tier 2	LA	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Sulfacetamide Sodium-Sulfur Cleanser, Cream, Lotion, Pads and Suspension	New Addition	New Addition	N/A	Tier 1		07/01/2023
Dalfampridine Extended-Release Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL	07/01/2023
Nuedexta Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL	07/01/2023
Xeljanz and Xeljanz XR tablets	New Addition	New Addition	N/A	Tier 5	LA, PA	07/01/2023
Aristada Injection	New Addition	New Addition	Abilify Maintena	Tier 4	LA, QL, ST	07/01/2023
Xolair Injection	New Addition	New Addition	N/A	Tier 5	LA, PA	07/01/2023
Ingrezza Capsules	New Addition	New Addition	N/A	Tier 5	LA, PA	07/01/2023
Kesimpta Injection	New Addition	New Addition	N/A	Tier 5	LA, PA	07/01/2023
Benlysta Injection	New Addition	New Addition	N/A	Tier 5	LA, PA	07/01/2023
Methylphenidate Extended-Release, Long-Acting and Extended-Release Biphasic Capsules	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2023
Testosterone Gel Metered-Dose Pump	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2023
Rexulti Tablets	New Addition	New Addition	Two of the following: aripiprazole, asenapine, clozapine, lurasidone, olanzapine,	Tier 4	LA, QL, ST	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			paliperidone, quetiapine, risperidone, ziprasidone			
Invega Trinza Injection	New Addition	New Addition	Invega Sustenna	Tier 4	LA, QL, ST	07/01/2023
Saxenda Injection	New Addition	New Addition	N/A	Tier 3	QL, PA	07/01/2023
Contrave Tablets	Prior Authorization Restriction Added; Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL, PA	07/01/2023
Clobazam Tablets and Suspension	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	07/01/2023
Abilify Maintena Injection	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Aripiprazole tablets	N/A	LA, QL, ST	07/01/2023
Invega Sustenna Injection	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Risperidone tablets or paliperidone tablets	N/A	LA, QL, ST	07/01/2023
Paliperidone Extended-Release Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	07/01/2023
Epidiolex Solution	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Two of the following: clobazam, lamotrigine, levetiracetam, topiramate, valproic acid	N/A	LA, QL, ST	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Lurasidone Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	07/01/2023
Sumatriptan Injection	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	QL	07/01/2023
Vyvanse Capsules and Chewable Tablets	Tier Change from Tier 4 to Tier 3; Step Therapy Restriction Removed; Limited Access Restriction Removed	Clinical and Cost Reevaluation	N/A	Tier 3	LA, QL	07/01/2023
Mydayis Capsules	Tier Change from Tier 4 to Tier 3; Step Therapy Restriction Removed; Limited Access Restriction Removed	Clinical and Cost Reevaluation	N/A	Tier 3	LA, QL	07/01/2023
Briviact Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Two of the following: carbamazepine, divalproex sodium, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, valproic acid, zonisamide	N/A	LA, QL, ST	07/01/2023
Lacosamide Tablets and Oral Solution	Step Therapy Restriction Removed; Tier Change from Tier 2 to Tier 1; Limited Access	Clinical and Cost Reevaluation	N/A	Tier 1	QL	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Restriction Removed					
Aripiprazole Tablets	Tier Change from Tier 2 to Tier 1; Quantity Limit Restriction Removed; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		07/01/2023
Dextroamphetamine/ Amphetamine Extended- Release Capsules	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	07/01/2023
Olanzapine Tablets and Oral Disintegrating Tablets	Tier Change from Tier 2 to Tier 1; Quantity Limit Restriction Removed; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		07/01/2023
Quetiapine Immediate- Release Tablets	Tier Change from Tier 2 to Tier 1; Quantity Limit Restriction Removed; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		07/01/2023
Ziprasidone Capsules	Tier Change from Tier 2 to Tier 1; Quantity Limit Restriction Removed; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		07/01/2023
Desvenlafaxine Succinate Extended-Release Tablets	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	07/01/2023
Lidocaine Ointment and Patch	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	07/01/2023
Esomeprazole Capsules	Tier Change from Tier 2 to Tier 1;	Cost Reevaluation	N/A	Tier 1	QL	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
and Packets for Suspension	Limited Access Restriction Removed					
Clobetasol Cream, Gel, Lotion, Ointment and Solution	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		07/01/2023
Desonide Cream, Lotion and Ointment	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		07/01/2023
Fluocinonide Cream, Gel, Ointment and Solution	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		07/01/2023
Fluocinolone Cream, Oil, Ointment and Solution	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		07/01/2023
Clonidine Extended-Release Tablets	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	07/01/2023
Guanfacine Extended-Release Tablets	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	07/01/2023
Bydureon Injection	Tier Change from Tier 4 to Tier 3; Step Therapy Restriction Updated; Limited Access Restriction Removed	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the	Tier 3	QL, ST	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			aforementioned agents. For the indication of type 2 diabetes.			
Byetta Injection	Tier Change from Tier 4 to Tier 3; Step Therapy Restriction Updated; Limited Access Restriction Removed	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.	Tier 3	QL, ST	07/01/2023
Ozempic Injection	Tier Change from Tier 4 to Tier 3; Step Therapy Restriction Updated; Limited Access Restriction Removed	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.	Tier 3	QL, ST	07/01/2023
Rybelsus Tablets	Tier Change from Tier 4 to Tier 3;	Clinical and Cost	Metformin,	Tier 3	QL, ST	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Step Therapy Restriction Updated; Limited Access Restriction Removed	Reevaluation	pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.			
Trulicity Injection	Tier Change from Tier 4 to Tier 3; Step Therapy Restriction Updated; Limited Access Restriction Removed	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.	Tier 3	QL, ST	07/01/2023
Victoza Injection	Tier Change from Tier 4 to Tier 3; Step Therapy Restriction Updated; Limited Access Restriction Removed	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of	Tier 3	QL, ST	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			the aforementioned agents. For the indication of type 2 diabetes.			
Wegovy Injection	Tier Change from Tier 4 to Tier 3; Limited Access Restriction Removed	Clinical and Cost Reevaluation	N/A	Tier 3	QL, PA	07/01/2023
Ropinirole Immediate- Release Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2023
Ropinirole Extended- Release Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2023
Naratriptan Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2023
Jublia Topical Solution	New Addition	New Addition	Terbinafine tablets and ciclopirox nail lacquer	Tier 4	LA, QL, ST	04/01/2023
Neomycin Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2023
Enalapril Tablets and Oral Solution	New Addition	New Addition	N/A	Tier 1		04/01/2023
Qelbree Capsules	New Addition	New Addition	Two of the following: atomoxetine, clonidine extended-release, guanfacine extended-release	Tier 4	LA, QL, ST	04/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Dayvigo Tablets	New Addition	New Addition	Two of the following: zolpidem, eszopiclone, temazepam, trazodone, generic Silenor	Tier 4	LA, QL, ST	04/01/2023
Mometasone Cream, Lotion, Ointment and Solution	New Addition	New Addition	N/A	Tier 1		04/01/2023
Dutasteride Capsules	New Addition	New Addition	N/A	Tier 1		04/01/2023
Doxylamine/Pyridoxine Delayed-Release Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2023
Armodafinil Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2023
Zaleplon Capsules	New Addition	New Addition	N/A	Tier 1	QL	04/01/2023
Asenapine Sublingual Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2023
Nabumetone Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2023
Febuxostat Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2023
Cevimeline Capsules	New Addition	New Addition	N/A	Tier 1	QL	04/01/2023
Alfuzosin Extended-Release Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2023
Bismuth Subcitrate Potassium/ Metronidazole/ Tetracycline Capsules	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2023
Olmesartan Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Rybelsus Tablets	New Addition	New Addition	Current or previous use of another formulary diabetes product	Tier 4	LA, QL, ST	04/01/2023
Nivestym Injection	New Addition	New Addition	N/A	Tier 4	LA	04/01/2023
Nyvepria Injection	New Addition	New Addition	N/A	Tier 4	LA	04/01/2023
Neupogen Injection	Step Therapy Restriction Added	Clinical and Cost Reevaluation	Nivestym	N/A	LA, ST	04/01/2023
Neulasta Injection	Step Therapy Restriction Added	Clinical and Cost Reevaluation	Nyvepria	N/A	LA, ST	04/01/2023
Lurasidone Tablets	New Generic for Latuda; Tier Change from Tier 4 to Tier 2	New Generic	Two of the following: Aripiprazole, Clozapine, Lamotrigine, Lithium, Olanzapine, Quetiapine, Risperidone, Ziprasidone	Tier 2	LA, QL, ST	04/01/2023
Modafinil Tablets	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	04/01/2023
Eletriptan Tablets	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	04/01/2023
Rizatriptan Tablets and	Tier Change from Tier 2 to Tier 1;	Cost Reevaluation	N/A	Tier 1	QL	04/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Oral Disintegrating Tablets	Limited Access Restriction Removed					
Sumatriptan Nasal Spray	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	04/01/2023
Bydureon Injection	Step Therapy Restriction Updated	Clinical Reevaluation	Previous or current use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Byetta Injection	Step Therapy Restriction Added	Clinical Reevaluation	Previous or current use of another formulary diabetes product	N/A	LA, ST	01/01/2023
Ozempic Injection	Step Therapy Restriction Updated	Clinical Reevaluation	Previous or current use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Truility Injection	Step Therapy Restriction Added	Clinical Reevaluation	Previous or current use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Victoza Injection	Step Therapy Restriction Added	Clinical Reevaluation	Previous or current use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Phexxi Vaginal Gel	Tier Change from Tier 4 to Tier PREV; Quantity Limit Restriction	Regulatory Requirement	N/A	PREV		01/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Removed					
Phenelzine Tablets	New Addition	New Addition	N/A	Tier 1		01/01/2023
Entecavir Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	01/01/2023
Juluca Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL	01/01/2023
Cabenuva Injection	New Addition	New Addition	N/A	Tier 5	LA, QL	01/01/2023
Clomiphene Tablets	New Addition	Regulatory Requirement	N/A	Tier 1		01/01/2023
Ganirelix Injection	New Addition	Regulatory Requirement	N/A	Tier 1	QL	01/01/2023
Chorionic Gonadotropin Injection	New Addition	Regulatory Requirement	Pregnyl	Tier 3	QL, ST	01/01/2023
Ovidrel Injection	New Addition	Regulatory Requirement	Pregnyl	Tier 3	QL, ST	01/01/2023
Pregnyl Injection	New Addition	Regulatory Requirement	N/A	Tier 3	QL	01/01/2023
Novarel Injection	New Addition	Regulatory Requirement	Pregnyl	Tier 3	QL, ST	01/01/2023
Crinone Vaginel Gel	New Addition	Regulatory Requirement	Endometrin	Tier 3	QL, ST	01/01/2023
Endometrin Vaginel Inserts	New Addition	Regulatory Requirement	N/A	Tier 3	QL	01/01/2023
Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-ject Injections	New Addition	Regulatory Requirement	Clomiphene	Tier 3	QL, ST	01/01/2023
Cetrotide Injection	New Addition	Regulatory Requirement	Ganirelix	Tier 5	QL, ST	01/01/2023
Menopur Injection	New Addition	Regulatory	Clomiphene and	Tier 5	QL, ST	01/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
		Requirement	Gonal-F			
Follistim AQ Injection	New Addition	Regulatory Requirement	Clomiphene and Gonal-F	Tier 5	QL, ST	01/01/2023
Torseamide Tablets	New Addition	New Addition	N/A	Tier 1		01/01/2023
Memantine Tablets	New Addition	New Addition	N/A	Tier 1	QL	01/01/2023
Mesalamine Suppositories	New Addition	New Addition	N/A	Tier 2	LA, QL	01/01/2023
Clonidine Extended-Release Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	01/01/2023
Fingolimod	New Generic for Gilenya; Tier Change from Tier 5 to Tier 4	New Generic	New Generic	Tier 4	LA, QL, PA	01/01/2023
Estradiol gel packets	New Generic for Divigel; Tier Change from Tier 4 to Tier 2	New Generic	New Generic	Tier 2	LA, QL, ST	01/01/2023
Pilocarpine Tablets	New Addition	New Addition	N/A	Tier 1		10/01/2022
Tranexamic Acid Tablets	New Addition	New Addition	N/A	Tier 1	QL	10/01/2022
Budesonide Delayed-Release/Extended-Release Capsules	New Addition	New Addition	N/A	Tier 2	LA, QL	10/01/2022
Darifenacin Extended-Release Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	10/01/2022
Ramelteon Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	10/01/2022
Levalbuterol HFA Inhaler	New Addition	New Addition	Albuterol HFA Inhaler	Tier 2	LA, QL, ST	10/01/2022
Pimecrolimus Cream	New Addition	New Addition	Tacrolimus Ointment	Tier 2	LA, QL, ST	10/01/2022
Omnipod 5 (G6) Intro Kit and Pods, Omnipod DASH	New Addition	New Addition	N/A	Tier 4	LA, QL	10/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Pods, Omnipod Classic Pods						
FreeStyle Libre 3 Sensors	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2022
Dexcom G6 Receiver, Transmitter and Sensors	New Addition	New Addition	FreeStyle Libre 3 Sensors	Tier 4	LA, QL, ST	07/01/2022
Molnupiravir Capsules	New Addition	Regulatory Requirement	N/A	PREV	QL	07/01/2022
Paxlovid Tablets	New Addition	Regulatory Requirement	N/A	PREV	QL	07/01/2022
Fluticasone HFA Inhalers	New Generic for Flovent HFA; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA, QL	07/01/2022
Fluticasone/Vilanterol Inhalers	New Generic for Breo Ellipta; Tier Change from Tier 4 to Tier 2	New Generic	Fluticasone/ Salmeterol and Budesonide/ Formoterol	Tier 2	LA, QL, ST	07/01/2022
Lacosamide Tablets and Oral Solution	New Generic for Vimpat; Tier Change from Tier 4 to Tier 2	New Generic	Two of the following: Carbamazepine, Divalproex sodium or valproic acid, Felbamate, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Phenobarbital, Phenytoin,	Tier 2	LA, QL, ST	07/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			Pregabalin (Lyrica), Topiramate, Zonisamide			
Insulin Glargine Vials and Pens	New Generic for Lantus and Lantus Solostar; Tier Change from Tier 3 to Tier 1	New Generic	N/A	Tier 1	QL	07/01/2022
Vilazodone Tablets	New Generic for Viibryd; Tier Change from Tier 4 to Tier 2	New Generic	Three of the following: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine	Tier 2	LA, QL, ST	07/01/2022
Fetzima Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the following: Desvenlafaxine Succinate, Duloxetine, Venlafaxine Extended-Release	N/A	LA, QL, ST	04/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Vraylar Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the following: Aripiprazole, Clozapine, Lamotrigine, Lithium, Olanzapine, Quetiapine, Risperidone, Ziprasidone	N/A	LA, QL, ST	04/01/2022
Apretude Injection	New Addition	Regulatory Requirement	N/A	Tier 4	LA	04/01/2022
Lokelma Packets	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2022
Estradiol Vaginal Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2022
Imvexxy Vaginal Inserts	New Addition	New Addition	Estradiol Vaginal Cream and Estradiol Vaginal Tablets	Tier 4	LA, QL, ST	04/01/2022
Phexxi Vaginal Gel	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2022
Wegovy Pens	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2022
Brimonidine/Timolol Eye Drops	New Generic for Combigan; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA	04/01/2022
Cyclosporine Eye Drops	New Generic for Restasis; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA, QL	04/01/2022
Naloxone Nasal Spray	New Generic for Narcan Nasal Spray; Tier Change from Tier 3 to Tier 1	New Generic	N/A	Tier 1	QL	04/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Glycopyrrolate Oral Solution	New Generic for Cuvposa; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA, QL, PA	04/01/2022
Dexlansoprazole Capsules	New Generic for Dexilant; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA, QL, ST	04/01/2022
Calcipotriene Solution, Cream and Ointment	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2022
Invokana Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2022
Jardiance Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2022
Trintellix Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Three of the following: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine		LA, QL, ST	01/01/2022
Viibryd Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Three of the following: bupropion, citalopram,		LA, QL, ST	01/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine			
Paliperidone Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Aripiprazole, Clozapine, Olanzapine, Quetiapine, Risperidone, or Ziprasidone	N/A	LA, QL, ST	01/01/2022
Latuda Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the following: Aripiprazole, Clozapine, Lamotrigine, Lithium, Olanzapine, Quetiapine, Risperidone, Ziprasidone	N/A	LA, QL, ST	01/01/2022
Azelaic Acid Gel	New Addition	New Addition	N/A	Tier 1	QL	10/01/2021
Linezolid Tablets	New Addition	New Addition	N/A	Tier 1	QL	10/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Nebivolol Tablets	New Generic for Bystolic; Tier Change from Tier 4 to Tier 2	New Generic	Two of the Following: Atenolol, Carvedilol, Labetalol, Metoprolol, Nadolol, Pindolol, Propranolol, Sotalol	Tier 2	LA, QL, ST	10/01/2021
Colchicine Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2021
Desvenlafaxine Succinate Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2021
Tacrolimus Ointment	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2021
Eliquis Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2021
Repatha Syringes, SureClick Pens and Pushtrex On-Body Infusor	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the following: Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin	N/A	LA, QL, ST	10/01/2021
Varenicline Tablets	New Generic for Chantix	New Generic	N/A	N/A	QL	10/01/2021
Motegrity Tablets	New Addition	New Addition	Lubiprostone	Tier 4	LA, QL, ST	10/01/2021
Trokendi XR Capsules	New Addition	New Addition	Topiramate ER	Tier 4	LA, QL, ST	10/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			(generic for Qudexy XR)			
Droxia Capsules	New Addition	New Addition	Hydroxurea 500 mg (generic for Hydrea)	Tier 4	LA, QL, ST	10/01/2021
Dificid Tablets and Suspension	New Addition	New Addition	N/A	Tier 4	LA, QL	10/01/2021
Tresiba Vials and FlexTouch Pens	New Addition	New Addition	Lantus and Levemir	Tier 4	LA, QL, ST	07/01/2021
Repatha Syringes, SureClick Pens and Pushtronex On-Body Infusor	New Addition	New Addition	N/A	Tier 4	LA, PA	07/01/2021
Etravirine Tablets	New Generic for Intelence; Tier Change from Tier 5 to Tier 2	New Generic	N/A	Tier 2	LA	07/01/2021
Lopinavir/Ritonavir Tablets	New Generic for Kaletra; Tier Change from Tier 5 to Tier 2	New Generic	N/A	Tier 2	LA, QL	07/01/2021
Rufinamide Tablets	New Generic for Banzel; Tier Change from Tier 4 to Tier 2	New Generic	Lamotrigine, Topiramate and Clobazam	Tier 2	LA, QL, ST	07/01/2021
Progesterone Capsules	Quantity Limit Increased	Clinical and Cost Reevaluation	N/A	N/A	QL	07/01/2021
Scopolamine Patches	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2021
Divigel Packets	New Addition	New Addition	Estradiol Tablets or Patches	Tier 4	LA, QL, ST	04/01/2021
Briviact Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2021
Zolmitriptan Nasal Spray	New Generic for Zomig Nasal	New Generic	N/A	Tier 1	QL	04/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Spray					
Lubiprostone Capsules	New Generic for Amitiza; Prior Authorization Restriction Removed; Tier Change from Tier 4 to Tier 2	New Generic; Clinical Reevaluation	N/A	Tier 2	LA, QL	04/01/2021
Linzess Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Lubiprostone	N/A	LA, QL, ST	04/01/2021
Cambia Packets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the Following: Eletriptan, Rizatriptan, Sumatriptan, Zolmitriptan	N/A	LA, QL, ST	04/01/2021
Biktarvy Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	04/01/2021
Buprenorphine Patches	New Addition	New Addition	N/A	Tier 1	QL	04/01/2021
Prasugrel Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2021
Cinacalcet Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA	04/01/2021
Dimethyl Fumarate Capsules	New Addition	New Addition	N/A	Tier 4	LA, PA	04/01/2021
Bystolic Tablets	New Addition	New Addition	Two of the Following: Atenolol, Carvedilol, Labetalol, Metoprolol,	Tier 4	LA, QL, ST	04/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			Nadolol, Pindolol, Propranolol, Sotalol			
Polyethylene glycol 3350/ Sodium sulfate/Sodium chloride/Potassium chloride/Ascorbic acid/ Sodium ascorbate (MoviPrep) Bowel Preparation Kit	New Addition	New Addition	N/A	PREV		01/01/2021
Coartem Tablets	New Addition	New Addition	N/A	Tier 3	QL	01/01/2021
Imatinib Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA	01/01/2021
Tasigna Capsules	New Addition	New Addition	N/A	Tier 5	LA, PA	01/01/2021
Budesonide/Formoterol Inhalers	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed; Quantity Limit Increased	Clinical Reevaluation	N/A	Tier 1	QL	01/01/2021
Efavirenz/Emtricitabine/ Tenofovir Disoproxil Fumarate Tablets	New Generic for Atripla	New Generic	N/A	Tier 2	LA	01/01/2021
Emtricitabine/ Tenofovir Disoproxil Fumarate Tablets	New Generic for Truvada	New Generic	N/A	Tier 2	LA	01/01/2021
Fosfomycin Packets	New Generic for Monurol	New Generic	N/A	Tier 1	QL	01/01/2021
Levothyroxine Capsules	New Generic for Tirosint	New Generic	Levothyroxine Tablets	Tier 2	LA, QL, ST	01/01/2021
Rufinamide Suspension	New Generic for Banzel	New Generic	Lamotrigine,	Tier 2	LA, QL, ST	01/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			Topiramate and Clobazam			
Tolvaptan Tablets	New Generic for Jynarque	New Generic	N/A	Tier 4	LA, QL, PA	01/01/2021
Alvesco Inhalers	New Addition	New Addition	N/A	Tier 3	QL	10/01/2020
Lumigan Eye Drops	New Addition	New Addition	Latanoprost Eye Drops and Travoprost Eye Drops	Tier 4	LA, QL, ST	10/01/2020
Vyzulta Eye Drops	New Addition	New Addition	Latanoprost Eye Drops and Travoprost Eye Drops	Tier 4	LA, QL, ST	10/01/2020
Zejula Capsules	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	10/01/2020
Tymlos Injection	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	10/01/2020
Forteo Injection	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	10/01/2020
Emtricitabine 200 mg Capsule	New Generic for Emtriva 200 mg Capsules	New Generic	N/A	Tier 4	LA	10/01/2020
Ciprofloxacin/ Dexamethasone Ear Drops	New Generic for Ciprodex Ear Drops	New Generic	N/A	Tier 1		10/01/2020
FreeStyle Libre Reader and Sensor	Prior Authorization Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2020
Nurtec ODT Orally-Disintegrating Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Ubrelvy Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Reyvow Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Bunavail Buccal Film	New Addition	Regulatory	N/A	Tier 1	QL	07/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
		Requirement				
Zubsolv Sublingual Tablet	New Addition	Regulatory Requirement	N/A	Tier 1	QL	07/01/2020
Sublocade Injection	New Addition	Regulatory Requirement	N/A	Tier 1	QL	07/01/2020
Vivitrol Injection	Tier Change from Tier 3 to Tier 1	Regulatory Requirement	N/A	Tier 1	QL	07/01/2020
Nicotrol Inhaler	New Addition	Regulatory Requirement	N/A	PREV	QL	07/01/2020
Nicotrol Nasal Spray	New Addition	Regulatory Requirement	N/A	PREV	QL	07/01/2020
Ajovy Injection	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Combigan Eye Drops	New Addition	New Addition	Brimonidine Eye Drops or Timolol Eye Drops	Tier 4	LA, QL, ST	07/01/2020
Brilinta Tablets	New Addition	New Addition	Clopidogrel	Tier 4	LA, QL, ST	07/01/2020
Cimzia Injection	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	07/01/2020
Horizant Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Bydureon Injection	New Addition	New Addition	Trulicity	Tier 4	LA, QL, ST	07/01/2020
Combipatch Transdermal Patches	New Addition	New Addition	Estradiol/norethindrone Tablets, Estradiol Patches or Estradiol Vaginal Cream	Tier 4	LA, QL, ST	07/01/2020
Femring Vaginal Ring	New Addition	New Addition	Estradiol Vaginal Cream	Tier 4	LA, QL, ST	07/01/2020
Desvenlafaxine Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL, PA	07/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Clindamycin Vaginal Cream	New Addition	New Addition	N/A	Tier 1	QL	07/01/2020
Ezetimibe Tablets	New Addition	New Addition	N/A	Tier 1	QL	07/01/2020
Farxiga Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	07/01/2020
Insulin Aspart and Insulin Aspart/Insulin Aspart Protamine Mix Vials	New Generic for Novolog and Novolog Mix	New Generic	N/A	Tier 1	QL	04/01/2020
Insulin Aspart and Insulin Aspart/Insulin Aspart Protamine Mix Pens and Cartridges	New Generic for Novolog and Novolog Mix	New Generic	N/A	Tier 2	LA, QL	04/01/2020
Budesonide/Formoterol Inhalers	New Generic for Symbicort; Step Therapy Restriction Removed	New Generic; Clinical and Cost Reevaluation	N/A	Tier 2	LA, QL	04/01/2020
Hydroxychloroquine Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	LA, QL	04/01/2020
Chloroquine Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	04/01/2020
Kaletra Tablets and Oral Solution	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	LA, QL	04/01/2020
Pyrimethamine Tablets	New generic for Daraprim	New Generic	N/A	Tier 2	LA	04/01/2020
Glycopyrrolate Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2020
Dulera Inhalers	New Addition	New Addition	Fluticasone/ Salmeterol and Budesonide/ Formoterol	Tier 4	LA, QL, ST	04/01/2020
Tirosint Capsules and	New Addition	New Addition	Levothyroxine	Tier 4	LA, QL, ST	04/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Oral Solution						
Fiasp Vials, Pens and Cartridges	New Addition	New Addition	Insulin Aspart and Insulin Lispro	Tier 4	LA, QL, ST	04/01/2020
Nucynta ER Tablets	New Addition	New Addition	Oxycodone ER, Morphine ER, Fentanyl, or Methadone	Tier 4	LA, QL, ST	04/01/2020
Envarsus XR Tablets	New Addition	New Addition	Tacrolimus	Tier 5	LA, ST	04/01/2020
Corlanor Tablets and Oral Solution	New Addition	New Addition	Atenolol, Carvedilol, Labetalol, Metoprolol, Nadolol, Pindolol, Propranolol or Sotalol	Tier 4	LA, QL, ST	04/01/2020
Trelegy Ellipta Inhalers	New Addition	New Addition	Two of the following: Fluticasone/Salmeterol Inhaler; Budesonide/Formoterol Inhaler; Spiriva Inhaler	Tier 4	LA, QL, ST	04/01/2020
Eliquis Tablets	New Addition	New Addition	Xarelto	Tier 4	LA, QL, ST	04/01/2020
Contrave Tablets	New Addition	New Addition	Phentermine	Tier 4	LA, QL, ST	04/01/2020
Emgality Pens and	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Syringes						
Invega Sustenna Syringes	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2020
Abilify Maintena Vials and Syringes	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2020
Stelara Vials and Syringes	New Addition	New Addition	N/A	Tier 5	LA, PA	04/01/2020
Lansoprazole Capsules and Orally-Disintegrating Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2020
Lupron Depot and Depot-Ped Syringe Kits	New Addition	New Addition	N/A	Tier 4	LA, PA	04/01/2020
Breo Ellipta Inhalers	New Addition	New Addition	Fluticasone/ Salmeterol and Budesonide/ Formoterol	Tier 4	LA, QL, ST	04/01/2020
Oxycodone ER Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	04/01/2020
Symbicort Inhalers	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	04/01/2020
Acitretin Capsules	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA	04/01/2020
Ozempic Pens	New Addition	New Addition	Trulicity	Tier 4	LA, QL, ST	04/01/2020
EstroGel Transdermal Gel	New Addition	New Addition	Estradiol Tablets, Patches or Vaginal Cream	Tier 4	LA, QL, ST	04/01/2020
Baqsimi Nasal Spray	New Addition	New Addition	Glucagon Injection	Tier 4	LA, QL, ST	04/01/2020
Cequa Eye Drops	New Addition	New Addition	Restasis	Tier 4	LA, QL, ST	04/01/2020
Victoza Pens	Step Therapy Restriction	Clinical and Cost	N/A	N/A	LA, QL	04/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Removed	Reevaluation				
Trulicity Pens	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2020
Toujeo and Toujeo Max Pens	New Addition	New Addition	Lantus and Levemir	Tier 4	LA, QL, ST	04/01/2020
Dovato Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL	04/01/2020
Armour Thyroid Tablets	New Addition	New Addition	Levothyroxine	Tier 4	LA, QL, ST	04/01/2020
Neulasta Syringes	New Addition	New Addition	N/A	Tier 5	LA, QL	04/01/2020
Dexilant Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Omeprazole, Pantoprazole and Esomeprazole	N/A	LA, QL, ST	04/01/2020
Qbrexza Towelettes	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Drysol	N/A	LA, QL, ST	04/01/2020
Mydayis Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Amphetamine and Methylphenidate Products	N/A	LA, QL, ST	04/01/2020
Potassium Citrate Extended-Release Tablets	New Addition	New Addition	N/A	Tier 2	LA	01/01/2020
Pregabalin Capsules	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2020
Esomeprazole Capsules	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2020
Etonogestrel/Ethinyl Estradiol Vaginal Ring	New Generic for Nuvaring	New Generic	N/A	N/A		01/01/2020
Trikafta Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Simponi Autoinjectors	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Fetzima Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Mydayis Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Dexilant Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Qsymia Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Trintellix Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Estring Vaginal Ring	New Addition	New Addition	Estradiol Vaginal Cream	Tier 4	LA, QL, ST	01/01/2020
Synagis Vials	New Addition	New Addition	N/A	Tier 5	LA, PA	01/01/2020
Cambia Powder Packets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Qbrexza Towelettes	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Cosentyx Syringes and Pens	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Famotidine Tablets	New Addition	New Addition	N/A	Tier 1		01/01/2020
Biktarvy Tablets	New Addition	New Addition	Triumeq, Tivicay/Descovy, Isentress/Descovy	Tier 5	LA, QL, ST	01/01/2020
Myrbetriq Tablets	New Addition	New Addition	Oxybutynin, Tolterodine	Tier 4	LA, QL, ST	01/01/2020
Banzel Tablets and Suspension	New Addition	New Addition	Lamotrigine, Topiramate, Clobazam	Tier 4	LA, QL, ST	01/01/2020
Eucria Ointment	New Addition	New Addition	Topical Corticosteroids, Tacrolimus Ointment	Tier 4	LA, QL, ST	01/01/2020
Amitiza Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Jakafi Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Valchlor Gel	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Orencia Syringes	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Jynarque Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Rubraca Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Cuvposa Solution	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Linzess Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Xyrem Solution	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Viiibryd Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Gilenya Capsules	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Tobi Podhaler	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Epidiolex Solution	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Vraylar Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Orkambi Tablets and Granule Packs	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Kalydeco Tablets and Granule Packs	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Insulin Lispro Vials and Pens	New Generic for Humalog Vials and KwikPens	New Generic		Tier 1	QL	10/01/2019
Dupixent Syringes	New Addition	New Addition		Tier 5	LA, QL, PA	10/01/2019
Otezla Tablets	New Addition	New Addition		Tier 5	LA, QL, PA	10/01/2019
Farxiga Tablets	New Addition	New Addition	One Formulary Diabetic Medication		LA, QL, ST	10/01/2019
Belsomra Tablets	New Addition	New Addition	Two of the following: Eszopiclone,	Tier 4	LA, QL, ST	10/01/2019

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			Zolpidem, Temazepam, Trazodone			
Latuda Tablets	New Addition	New Addition		Tier 4	LA, QL, PA	10/01/2019
Aimovig Autoinjectors	New Addition	New Addition		Tier 4	LA, QL, PA	10/01/2019
Xiidra Ophthalmic Solution	New Addition	New Addition	Restasis	Tier 4	LA, QL, ST	10/01/2019
Vimpat Tablets	New Addition	New Addition	Two of the following: Carbamazepine, Divalproex sodium or valproic acid, Felbamate, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Phenobarbital, Phenytoin, Pregabalin (Lyrica), Topiramate, Zonisamide	Tier 4	LA, QL, ST	10/01/2019
Erythromycin 333mg Tablets	New Generic for Ery-Tab 333 mg Tablets	New Generic		Tier 1		10/01/2019
Pregabalin Capsules	New Generic for Lyrica	New Generic	Gabapentin or Duloxetine	Tier 2	LA, QL, ST	10/01/2019

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Symbicort Inhalers	New Addition	New Addition	Advair Diskus or Advair HFA	Tier 4	LA, QL, ST	07/01/2019
Clobazam Tablets and Suspension	New Addition	New Addition	Lamotrigine and Topiramate	Tier 2	LA, QL, ST	07/01/2019
Rizatriptan Tablets and Oral Disintegrating Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2019
Invokana Tablets	New Addition	New Addition	One Formulary Diabetic Medication	Tier 4	LA, QL, ST	07/01/2019
Paliperidone Extended-Release Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL, PA	07/01/2019
Dexmethylphenidate Tablets and Extended-Release Capsules	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2019
Cefixime 400 mg Capsules	New Generic for Suprax 400 mg Capsules	New Generic	N/A	Tier 1	QL	07/01/2019
Eletriptan Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	07/01/2019
First-Omeprazole Suspension	Deletion	Regulatory Requirement	N/A	N/A		07/01/2019
First-Mouthwash BLM Liquid	Deletion	Regulatory Requirement	N/A	N/A		07/01/2019
Sevelemer Carbonate 800 mg Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2019
Sevelemer Hydrochloride 800 mg Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2019

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
FreeStyle Libre 14-Day Reader and Sensor	New Addition	New Addition	N/A	Tier 2	LA, QL, PA	04/01/2019
Fluticasone/Salmeterol and Wixela-Inhub Disk Inhalers	New Generics for Advair Diskus	New Generic	N/A	Tier 1	QL	04/01/2019
Buprenorphine/Naloxone 2 mg/0.5 mg, 4 mg/1 mg, and 12 mg/3 mg Films	New Generics for Suboxone 2 mg/0.5 mg, 4 mg/1 mg, and 12 mg/3 mg Films	New Generic	N/A	Tier 2	LA, QL	04/01/2019
Albuterol Sulfate 90 mcg Metered Dose Inhaler	New Generic	New Generic; Therapeutic Alternative to ProAir HFA and Ventolin HFA	N/A	Tier 1	QL	04/01/2019
Ledipasvir/Sofosbuvir Tablets	New Generic for Harvoni	New Generic	N/A	Tier 4	LA, QL, PA	01/01/2019
Sofosbuvir/Velpatasvir Tablets	New Generic for Epclusa	New Generic	N/A	Tier 4	LA, QL, PA	01/01/2019
Vardenafil Tablets	New Generic for Levitra	New Generic	N/A	Tier 1	QL	01/01/2019
Albendazole Tablets	New Generic for Albenza	New Generic	N/A	Tier 1		01/01/2019
Estradiol Valerate Vials	New Addition	New Addition	N/A	Tier 1		01/01/2019
Lyrica	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Gabapentin or Duloxetine	N/A	LA, QL, ST	01/01/2019
Gardasil Injections	Age Restriction Increased From Ages 9 – 26 Years to Ages 9 – 45 Years	Clinical Reevaluation	N/A	N/A	AGE	01/01/2019
Novolog	Tier Change from DISC Tier to	Cost Reevaluation	N/A	Tier 1		01/01/2019

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Novolog Mix 70-30 Humalog Humalog Mix 50-50 Humalog Mix 75-25 Novolin 70-30 Humulin 70-30 Novolin N Humulin N Novolin R Humulin R	Tier 1					
Atomoxetine Capsules	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2018
Fondaparinux Syringes	New Addition	New Addition	N/A	Tier 4	LA, QL	07/01/2018
Sildenafil Tablets (Generic for Viagra Only)	New Addition	New Addition	N/A	Tier 1	QL	07/01/2018
Levitra Tablets	Step Therapy Restriction Added	Clinical and Cost Reevaluation; New Addition of Sildenafil Tablets	Sildenafil (Generic for Viagra Only)	N/A	LA, QL, ST	07/01/2018
Buprenorphine/Naloxone Film 8 mg/2 mg Film	New Generic for Suboxone 8 mg/2 mg Film	New Generic	N/A	Tier 2	LA, QL	07/01/2018
Praiquantel Tablets	New Generic for Biltricide	New Generic	N/A	Tier 2	LA	07/01/2018
Atovaquone/Proguanil Tablets	Tier Change from Tier 2 to Tier 1; Quantity Limit Restriction Added	Cost Reevaluation	N/A	Tier 1	QL	07/01/2018
Ritonavir Tablets	New Generic for Norvir	New Generic	N/A	Tier 2	LA	04/01/2018
Tacrolimus Capsules	New Addition	New Addition	N/A	Tier 2	LA	04/01/2018
Tradjenta Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2018
Jentaduetto Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2018

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Narcan Nasal Spray	New Addition	New Addition	N/A	Tier 3	QL	04/01/2018
Buprenorphine Sublingual Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2018
Estradiol Vaginal Cream	New Addition	New Addition	N/A	Tier 1	QL	04/01/2018
Efavirenz Capsules	New Generic for Sustiva	New Generic	N/A	Tier 2	LA	04/01/2018
Tenofovir Disoproxil Fumarate Tablets	New Generic for Viread	New Generic	N/A	Tier 2	LA	04/01/2018
Atazanavir Capsules	New Generic for Reyataz	New Generic	N/A	Tier 2	LA	04/01/2018
Aripiprazole Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2018
Metformin Extended-Release Tablets (Generic for Fortamet)	Tier Change from Tier DISC/PREV to Tier 2; Limited Access Restriction Added	Cost Reevaluation	Metformin Extended-Release (Generic for Glucophage XR)	Tier 2	LA	01/01/2018
Lyrica Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2018
Oxycodone Extended-Release Tablets	New Addition	New Addition	One Formulary Long-Acting Opioid	Tier 2	LA, QL, ST	01/01/2018
Victoza Pens	New Addition	New Addition	One Formulary Diabetic Medication	Tier 4	LA, QL, ST	01/01/2018
Priftin Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2018
Atorvastatin, Lovastatin, Pravastatin, Simvastatin and Rosuvastatin Tablets	Tier Change from Tier 1 or 2 to Tier PREV	Regulatory Requirement	N/A	PREV	QL	01/01/2018
Abacavir Oral Solution	New Generic Available for Ziagen	New Generic	N/A	Tier 2	LA	10/01/2017
Eletriptan Tablets	New Generic Available for Relpax	New Generic	Sumatriptan and	Tier 2	LA, QL, ST	10/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			zolmitriptan			
Imiquimod	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Clinical and Cost Reevaluation	N/A	Tier 1		10/01/2017
Enoxaparin	Tier Change from Tier 4 to Tier 3; Limited Access Restriction Removed	Clinical and Cost Reevaluation	N/A	Tier 3	QL	10/01/2017
Mavyret	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	10/01/2017
Entresto Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL	07/01/2017
Risperdal Consta Syringes	New Addition	New Addition	Oral Risperidone	Tier 4	LA, QL, ST	07/01/2017
Jardiance Tablets	New Addition	New Addition	One Formulary Diabetic Medication	Tier 4	LA, QL, ST	07/01/2017
Codeine Products	Age Restriction Updated to 12 Years and Older	FDA Safety Warning Labeling Change	N/A	N/A	Age, QL	07/01/2017
Tramadol Tablets	Age Restriction Added for 12 Years and Older	FDA Safety Warning Labeling Change	N/A	N/A	Age, QL	07/01/2017
Ondansetron Tablets and Oral-Disintegrating Tablets	Quantity Limit Increased from 30 Tablets Per 30 Days to 90 Tablets Per 30 Days	Clinical and Cost Reevaluation	N/A	N/A	QL	07/01/2017
Norvir	Tier Change from Tier 5 to Tier 4	Clinical Reevaluation	N/A	Tier 4	LA	07/01/2017
Vivitrol Vials	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	Tier 4	LA, QL	07/01/2017
Antipyrine/Benzocaine Otic Solution Atropine Ophthalmic Solution	Tier Change from Tier 1 to Tier 2; Limited Access Restriction Added	Regulatory Requirement	N/A	Tier 2	LA	07/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Cytra-K Crystals and Oral Solution Donnatal Elixir and Tablets Esterified Estrogens/ Methyltestosterone Tablets Hydrocortisone/ Pramoxine Rectal Cream Phenazopyridine Tablets						
Tacrolimus Ointment	New Addition	New Addition	Topical Corticosteroids	Tier 2	LA, QL, ST	04/01/2017
Vyvanse Capsules	New Addition	New Addition	Amphetamine Salts and Methylphenidate	Tier 3 or 4	LA, QL, ST	04/01/2017
Xarelto 20 mg Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	04/01/2017
Venlafaxine Extended-Release Capsules	Quantity Limit Restriction Increased	Clinical Reevaluation	N/A	N/A	QL	04/01/2017
Fenofibrate Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	QL	04/01/2017
Doxycycline Capsules and Tablets	Quantity Limit Restriction Increased	Cost Reevaluation	N/A	N/A	QL	04/01/2017
Duloxetine Capsules	Step Therapy Restriction Removed and Tier Change from Tier 2 to Tier 1	Clinical and Cost Reevaluation	N/A	Tier 1	QL	04/01/2017
Moviprep Bowel	New Addition	Regulatory	N/A	PREV		04/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Preparation		Requirement				
Osmoprep Bowel Preparation	New Addition	Regulatory Requirement	N/A	PREV		04/01/2017
Prepopik Bowel Preparation	New Addition	Regulatory Requirement	N/A	PREV		04/01/2017
Suclear Bowel Preparation	New Addition	Regulatory Requirement	N/A	PREV		04/01/2017
Suprep Bowel Preparation	New Addition	Regulatory Requirement	N/A	PREV		04/01/2017
Aranesp Syringes and Vials	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2017
Leukine Syringes and Vials	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2017
Neupogen Syringes and Vials	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2017
Epinephrine Auto-Injectors	New Generic Available for Epipen and Epipen Jr	New Generic	N/A	Tier 1	QL	01/01/2017
Descovy Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2017
Genvoya Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2017
Odefsey Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2017
Vemlidy Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2017
Vivitrol Vials	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2017
Oseltamivir Capsules	New Generic Available for Tamiflu	New Generic	N/A	Tier 1	QL	01/01/2017
Abacavir/Lamivudine Tablets	New Generic Available for Epzicom	New Generic	N/A	Tier 2	LA	01/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Aripiprazole Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Clozapine, Olanzapine, Quetiapine, Risperidone, Ziprasidone	N/A	LA, QL, PA	01/01/2017
Lidocaine 5% Ointment	Tier Change from Tier 1 to Tier 2 and Limited Access and Quantity Limit Restrictions Added	Cost Reevaluation	Lidocaine 4% Cream	Tier 2	LA, QL	01/01/2017
Sovaldi Tablets	Deletion	Cost Reevaluation	Epclusa, Harvoni, Zepatier	N/A	N/A	01/01/2017
Epclusa Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA, QL	10/01/2016
Zepatier Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA, QL	10/01/2016
Mesalamine Delayed-Release Tablets	New Generic Available for Asacol HD	New Generic	N/A	N/A		10/01/2016
Colchicine Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL, ST	10/01/2016
Guanfacine Extended-Release Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	10/01/2016
Acitretin Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Methotrexate	N/A	LA, ST	10/01/2016
Rosuvastatin Tablets	New Generic Available for Crestor	New Generic	N/A	Tier 2	LA, QL	07/01/2016
Modafinil Tablets	New Addition	New Addition	N/A	Tier 2	QL	07/01/2016
Complera Tablets	New Addition	New Addition	N/A	Tier 4	LA	07/01/2016
Celecoxib Capsules	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	QL	07/01/2016
Diclofenac Gel	New Generic Available for	New Generic	N/A	Tier 1	QL	07/01/2016

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Voltaren Gel					
Levitra Tablets	Age Restriction Removed	Clinical Reevaluation	N/A	N/A	QL	07/01/2016
Piroxicam Capsules	New Addition	New Addition	N/A	Tier 1		04/01/2016
Ciprofloxacin Otic Solution	New Addition	New Addition	N/A	Tier 1		04/01/2016
Cipro HC Otic Suspension	New Addition	New Addition	N/A	Tier 2		04/01/2016
Ciprodex Otic Suspension	New Addition	New Addition	N/A	Tier 2		04/01/2016
Phentermine Capsules and Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2016
Raloxifene Tablets	New Addition	New Addition	N/A	PREV	QL	04/01/2016
Clindamycin/Benzoyl Peroxide Gel	New Addition	New Addition	N/A	Tier 1	QL	04/01/2016
Eszopiclone Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2016
Sodium Fluoride Gel and Cream	New Addition	New Addition	N/A	Tier 1		04/01/2016
Dorzolamide/Timolol Ophthalmic Solution	New Addition	New Addition	N/A	Tier 1		04/01/2016
Tamoxifen Tablets	Tier Change from Tier 1 to Tier PREV	Clinical Reevaluation	N/A	PREV		04/01/2016
Lo Norgestimate-ethinyl Estradiol Tablets	New Generic Available for Ortho Tri-Cyclen Lo	New Generic	New Generic	PREV		04/01/2016
Xarelto Tablets	New Addition	New Addition	Warfarin	Tier 3	LA, QL, ST	01/01/2016
Humalog Mix 75/25 and 50/50 Kwikpen Insulin Pens	New Addition	New Addition	N/A	Tier 3	LA, QL	01/01/2016
Novolog Mix 70/30	New Addition	New Addition	N/A	Tier 3	LA, QL	01/01/2016

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Flexpen insulin pens						
Sodium Chloride 3% Nebulizer Solution Vials	New Addition	New Addition	N/A	Tier 1		01/01/2016
Ciclopirox 8% Topical Solution	New Addition	New Addition	N/A	Tier 1		01/01/2016
Aluminum Chloride 20% Topical Solution	New Addition	New Addition	N/A	Tier 1		01/01/2016
Triumeq Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2016
Prezcobix Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2016
Daraprim Tablets	Tier Change from Tier 2 to Tier 3; Limited Access Restriction Added	Cost Reevaluation	N/A	Tier 3	LA	01/01/2016
Tivicay Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2016
Stribild Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2016
Celecoxib Capsules	Prior Authorization Restriction Changed to Step Therapy Restriction	Clinical Reevaluation	Formulary NSAIDs	N/A	LA, ST	01/01/2016
Capecitabine Tablets	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2016
Adapalene Cream, Gel and Lotion	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A		01/01/2016
Epinephrine and EpiPen Autoinjectors	Quantity Limit Restriction Increased from 2 to 4 Per Fill	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2016
Abacavir, abacavir/lamivudine/zidovudine, didanosine, lamivudine,	Tier Change from Tier 4 to Tier 2	Cost Reevaluation	N/A	Tier 2	LA	01/01/2016

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
lamivudine/zidovudine, nevirapine, stavudine, zidovudine						
Alkeran, Atripla, Fareston, Hexalen, Leukeran, Lysodren, Matulane Myleran, Neupogen, Pegasys, Prezista, Reyataz, Tabloid, Truvada, Viread, acitretin, bexarotene, capecitabine, cyclophosphamide, enoxaparin, glatiramer, lomustine, temozolomide, tretinoin, valganciclovir	Tier Change from Tier 4 to Tier 3	Cost Reevaluation	N/A	Tier 3	LA	01/01/2016
Aripiprazole, calcipotriene, celecoxib, desmopressin, duloxetine, esomeprazole, isotretinoin, ivermectin, leflunomide, methylphenidate er 24h, mycophenolate, olanzapine, omega-3 acid	Tier Change from Tier 1 to Tier 2	Cost Reevaluation	N/A	Tier 2	LA	01/01/2016

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
ethyl esters, quetiapine, testosterone gel, tizanidine, ursodiol, vancomycin, ziprasidone, acetazolamide, acetic acid/hydrocortisone, atovaquone/proguanil, balsalazide, betamethasone/ propylene glycol 0.05% lot/oint, bicalutamide, bromocriptine, budesonide ampules, calcium acetate, chlorpromazine, cholestyramine, clindamycin recon soln, clobetasol 0.05% cr/gel/ lot/oint/soln, clomipramine, clozapine, cromolyn sod ampules, cyclosporine modified, dantrolene, desonide 0.05% cr/lot/oint, desoximetasone cr/gel/ oint, dextroamphetamine sulf,dextroamphetamine/						

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
amphetamine, divalproex, doxycycline, econazole cr, ethambutol, ethosuximide, fluocinolone cr/oil/oint/ soln, fluocinonide cr/gel/oint/soln, fluorouracil cr/soln, griseofulvin, hydrocortisone supp, hydrocortisone val cr/oint, hydroxychloroquine, hyoscyamine, imiquimod, isometh/dichlorph/apap, lidocaine patch, lidocaine/prilocaine cr, malathion, mercaptopurine, mesalamine enema, methylergonovine, methylphenidate er, midodrine, niacin er, norethindrone acetate, nystatin/triamcinolone cr/oint, permethrin cr,						

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
perphenazine, podofilox soln, propylthiouracil, salsalate, sumatriptan nasal, tobramycin/dexameth drops, tolterodine, tretinoin cr/gel/tablet, trifluoperazine, trifluridine, zafirlukast						
Chantix Starting and Continuing Paks	Step Therapy Restriction Removed; Limited Access Restriction Added	Clinical Reevaluation	N/A	N/A	LA, QL	10/01/2015
Lantus Solostar Pens	New Addition	New Addition	N/A	Tier 2	QL	10/01/2015
Levemir Flextouch Pens	New Addition	New Addition	N/A	Tier 2	QL	10/01/2015
Tizanidine Tablets	New Addition	New Addition	N/A	Tier 1	LA	10/01/2015
Lidocaine Extended-Release Patches	Step Therapy Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	10/01/2015
Zolpidem Extended-Release Tablets	Step Therapy Restriction Removed	Cost Reevaluation	N/A	Tier 1	LA, QL	10/01/2015
Risedronate 5 mg, 30 mg and 35 mg Tablets	New Generic Available for Actonel	New Generic	N/A	Tier 1		07/01/2015
Aripiprazole Tablets	New Generic Available for Abilify	New Generic	N/A	Tier 1	LA, PA, QL	07/01/2015
PEG 3350/Bisacodyl/Sodium Chloride/Sodium Bicarbonate/Potassium Chloride	New Generic Available for Halflytely-Bisacodyl	New Generic	N/A	Tier 1		07/01/2015
True Metrix Air	New Addition	New Addition	N/A	Tier 1	QL	07/01/2015

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Glucometer						
True Metrix Air Test Strips	New Addition	New Addition	N/A	Tier 1	QL	07/01/2015
True Metrix Air Control Solution	New Addition	New Addition	N/A	Tier 1	QL	07/01/2015
Gynol II Spermicide Jelly	New Addition	New Addition	N/A	PREV		07/01/2015
FC2 Female Condom	New Addition	New Addition	N/A	PREV		07/01/2015
FemCap Cervical Cap	New Addition	New Addition	N/A	PREV		07/01/2015
Today Contraceptive Sponge	New Addition	New Addition	N/A	PREV		07/01/2015
Paragard IUD	New Addition	New Addition	N/A	PREV		07/01/2015
Nexplanon Implantable Rod	New Addition	New Addition	N/A	PREV		07/01/2015
Buprenorphine/Naloxone Sublingual Tablets	New Addition	New Addition	N/A	Tier 1	LA, QL	07/01/2015
Guanfacine Extended-Release Tablets	New Addition	New Addition	N/A	Tier 1	LA, QL, ST	07/01/2015
Xifaxan Tablets	New Addition	New Addition	N/A	Tier 3	LA, QL, ST	07/01/2015
Doxycycline Capsules/Tablets	Step Therapy Restriction Removed; Limited Access Restriction Removed; Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	04/01/2015
Valsartan Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2015
Valsartan/HCTZ Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2015
Amlodipine/Benazepril Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2015

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Janumet Tablets	New Addition	New Addition	N/A	Tier 3	LA	04/01/2015
Omega-3 Acid Ethyl Esters Capsules	New Addition	New Addition	N/A	Tier 1	LA, QL	04/01/2015
Harvoni Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2015
Esomeprazole Capsules	New Generic Available for Nexium	New Generic	N/A	Tier 1	LA, QL, ST	04/01/2015
Incivek Tablets	Deletion	Manufacturer Discontinued	Harvoni	Tier 4	LA, PA, QL	04/01/2015
Estradiol Twice-weekly Patches	New Generic Available for Alora	New Generic	N/A	Tier 1		04/01/2015
Valganciclovir Tablets	New Generic Available for Valcyte	New Generic	N/A	N/A	LA	04/01/2015
Acyclovir, albuterol nebulizer soln., albuterol tablets and syrup, amoxicillin, antipyrine/benzocaine otic, atropine 1% op. soln., baclofen, benztropine, carbamazepine, cephalexin, chlorhexidine gluconate, ciprofloxacin, cyclobenzaprine, dexamethasone, dicyclomine, digoxin, erythromycin 0.5% op.	Tier Change from Discount Tier (DISC) to Tier 1	Cost Reevaluation	N/A	Tier 1		01/01/2015

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
oint., fluconazole 150 mg tab, fluocinonide cream, gentamicin 0.3% op. soln., hydrocortisone cream and oint., ibuprofen, indomethacin, ipratropium bromide nebulizer soln., isoniazid, isosorbide mononitrate ER, lactulose, levobunolol 0.5% op. soln., levothyroxine, lidocaine viscous, meloxicam, metoclopramide, naproxen, neo/polymyx b/dexam op., nystatin cream, penicillin vk, polymyxin/TMP op. soln., prednisone, prochlorperazine, promethazine tabs and syrup, promethazine DM, ranitidine, SMZ/TMP, thioridazine, timolol maleate op. soln., tobramycin 0.3% op. soln., triamcinolone						

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
cream and oint., trihexyphenidyl						
Levitra	Prior Authorization Restriction Removed; Age Restriction Added	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2015
Ventolin HFA inhaler	Tier Change from Tier 1 to Tier 2	Cost Reevaluation	N/A	Tier 2	QL	01/01/2015
Celecoxib Capsules	New Generic Available for Celebrex	New Generic	N/A	Tier 1	LA, PA, QL	01/01/2015
Halflytely-Bisacodyl	Tier Change from Preventative (PREV) Tier to Tier 2	Cost Reevaluation	N/A	Tier 2		01/01/2015
Auvi-Q	Deleted	Cost Reevaluation	Epinephrine Auto-Injector	N/A		01/01/2015
Twinject	Deleted	Cost Reevaluation	Epinephrine Auto-Injector	N/A		01/01/2015
EpiPen	Tier Change from Tier 2 to Tier 3	Cost Reevaluation	Epinephrine Auto-Injector	Tier 3	LA, QL	01/01/2015
EpiPen Jr	Tier Change from Tier 2 to Tier 3	Cost Reevaluation	Epinephrine Auto-Injector	Tier 3	LA, QL	01/01/2015
Avonex	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2015
Betaseron	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2015
Leflunomide Tablets	New Addition	New Addition	N/A	Tier 1	LA, QL	01/01/2015
Enbrel	New Addition	New Addition	N/A	Tier 4	LA, QL, ST	01/01/2015
Humira	New Addition	New Addition	N/A	Tier 4	LA, QL, ST	01/01/2015
Rebif	New Addition	New Addition	N/A	Tier 4	LA, QL	01/01/2015
Duloxetine Capsules	New Addition	New Addition	N/A	Tier 1	LA, QL, ST	01/01/2015

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Nexium Capsules	New Addition	New Addition	N/A	Tier 3	LA, QL, ST	01/01/2015
Sovaldi Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA, QL	01/01/2015
Doxycycline Capsules/Tablets	Tier Change from Discount Tier (DISC) to Tier 1; Step Therapy Restriction Added; Limited Access Restriction Added	Cost Reevaluation	Minocycline	Tier 1	LA, ST	01/01/2015
Ella Tablets	New Addition	New Addition	N/A	PREV		10/01/2014
Tivicay Tablets	New Addition	New Addition	N/A	Tier 3	LA, QL, ST	10/01/2014
Stribild Tablets	New Addition	New Addition	N/A	Tier 3	LA, ST	10/01/2014
Minocycline Capsules	Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	10/01/2014
Fenofibrate 54 mg, 134 mg, 160 mg	New Addition	New Addition	N/A	Tier 1	QL, ST	07/01/2014
Levemir Vials	New Addition	New Addition	N/A	Tier 2	QL	07/01/2014
Lidocaine Extended-Release Patches	New Addition	New Addition	N/A	Tier 1	QL, ST	07/01/2014
Nicotine Lozenges	New Addition	New Addition	N/A	Tier 1		07/01/2014
Midazolam 1mg/ml and 5mg/ml Vials	New Addition	New Addition	N/A	Tier 1	LA, QL	07/01/2014
Rifabutin Capsules	New Generic Available for Mycobutin	New Generic	N/A	Tier 1		07/01/2014
Budesonide 32 mcg Nasal Spray	New Generic Available for Rhinocort Aqua	New Generic	N/A	Tier 1	QL	07/01/2014
Risedronate 150 mg Tablets	New Generic Available for Actonel	New Generic	N/A	Tier 1		07/01/2014
Testosterone Gel	New Generic Available for Testim Gel	New Generic	N/A	Tier 1	LA	07/01/2014

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Glimepiride Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2014
Capecitabine Tablets	New Generic Available for Xeloda	New Generic	N/A	Tier 1	LA, PA	04/01/2014
Abacavir/Lamivudine/ Zidovudine Tablets	New Generic Available for Trizivir	New Generic	N/A	Tier 1	LA	04/01/2014
Tolterodine Extended- Release Capsules	New Generic Available for Detrol LA	New Generic	N/A	Tier 1		04/01/2014
Chantix Tablets	Step Therapy Changed to Previous Failure of Bupropion or Nicotine Replacement Therapy	Clinical Reevaluation	N/A	N/A	ST, QL	04/01/2014
Progesterone Capsules	New Addition	New Addition	N/A	Tier 1	QL	01/01/2014
Pramipexole Tablets	New Addition	New Addition	N/A	Tier 1		01/01/2014
Tobramycin 0.3% Ophthalmic Solution	New Addition	New Addition	N/A	DISC	QL	01/01/2014
Levobunolol 0.5% Ophthalmic Solution	New Addition	New Addition	N/A	DISC	QL	01/01/2014
Ceftibuten Suspension	New Generic Available for Cedax	New Generic	N/A	Tier 1		01/01/2014
Ceftibuten Capsules	New Generic Available for Cedax	New Generic	N/A	Tier 1		01/01/2014
Niacin Extended-Release Tablets	New Generic Available for Niaspan	New Generic	N/A	Tier 1		01/01/2014
Chantix Tablets	Prior Authorization Restriction Changed to Step Therapy	Clinical Reevaluation	N/A	PREV	ST, QL	01/01/2014
Nicotine patch	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	PREV	QL	01/01/2014
Nicotine gum	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	PREV		01/01/2014
Pulmozyme Inhalation Solution	Prior Authorization Restriction Changed to Quantity Limit and	Clinical Reevaluation	N/A	Tier 3	LA, QL	01/01/2014

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Age Restrictions					
Regranex Gel	Deletion of Drug From Formulary	Clinical Reevaluation	None	N/A		01/01/2014
Maxair Inhalation Aerosol	Deletion of Drug From Formulary	Clinical Reevaluation	Ventolin HFA	Tier 1	QL	01/01/2014
Tetracycline Capsules	Deletion of Drug From Formulary	Clinical and Cost Reevaluation	Doxycycline	Tier 1		01/01/2014
Glimepiride Tablets	Tier Change	Cost Reevaluation	N/A	DISC		01/01/2014
Fluconazole 150 mg tablets	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Promethazine 25 mg tablets	Tier Change	Cost Reevaluation	N/A	DISC		01/01/2014
Promethazine 6.25 mg/5 mL Oral Solution	Tier Change	Cost Reevaluation	N/A	DISC		01/01/2014
Gentamicin 0.3% Ophthalmic Solution	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Polymyxin/TMP Ophthalmic Solution	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Isosorbide Mononitrate ER Tablets	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Prenatal Plus Tablets	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Ventolin HFA Inhalation Aerosol	Tier Change	Cost Reevaluation	N/A	Tier 1	QL	01/01/2014
ProAir HFA Inhalation Aerosol	Tier Change	Cost Reevaluation	Ventolin HFA	Tier 2	QL	01/01/2014
Proventil HFA Inhalation Aerosol	Tier Change	Cost Reevaluation	Ventolin HFA	Tier 2	QL	01/01/2014
Crestor Tablets	Tier Change	Clinical and Cost Reevaluation	Atorvastatin	Tier 3	LA, QL	01/01/2014

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Codeine Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Hydromorphone Tablets	Quantity Limit Restriction Changed	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Morphine Sulfate Extended-Release Tablets	Quantity Limit Restriction Changed	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Oxycodone Tablets	Quantity Limit Restriction Changed	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Venlafaxine Extended-Release Capsules/Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Baclofen Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Cyclobenzaprine Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Abilify Tablets	Age Restriction Removed; Prior Authorization Now Required for All Ages	Clinical Reevaluation	N/A	N/A	QL, PA	01/01/2014
Zostavax Injection	Age Restriction Changed	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Dipyridamole Tablets	New Addition	New Addition	N/A	Tier 1		10/01/2013
Eplerenone Tablets	New Addition	New Addition	N/A	Tier 1		10/01/2013
Ketorolac Ophthalmic 0.4% and 0.5% Solution	New Addition	New Addition	N/A	Tier 1		10/01/2013
Levofloxacin 0.5% Ophthalmic Solution	New Addition	New Addition	N/A	Tier 1		10/01/2013
Monurol Packets	New Addition	New Addition	N/A	Tier 2	QL	10/01/2013
Naphazoline Ophthalmic 0.1 % Solution	New Addition	New Addition	N/A	Tier 1		10/01/2013
Terazosin Capsules	New Addition	New Addition	N/A	DISC		10/01/2013

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Skyla Intrauterine System	New Addition	New Addition	N/A	PREV		10/01/2013
Midodrine Tablets	New Addition	New Addition	N/A	Tier 1		10/01/2013
Ventolin HFA Inhaler	Line Extension; New Addition	Cost Reevaluation	N/A	Tier 1	QL	10/01/2013
Escitalopram Tablets	Step Therapy Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	10/01/2013
Copaxone Injection	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	Tier 3	LA	10/01/2013
Betaseron Injection	Prior Authorization Restriction Changed to Step Therapy Restriction	Clinical Reevaluation	N/A	Tier 3	LA, ST	10/01/2013
Avonex Injection	Prior Authorization Restriction Changed to Step Therapy	Clinical Reevaluation	N/A	Tier 3	LA, ST	10/01/2013
Regranex Gel	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	Tier 3	LA, QL	10/01/2013
Mycophenolate Mofetil Tablets	Prior Authorization Restriction Removed; Quantity Limit Added	Clinical Reevaluation	N/A	Tier 1	QL	10/01/2013
Sumatriptan Injection	Prior Authorization Restriction Changed to Step Therapy	Clinical Reevaluation	N/A	Tier 1	LA, QL	10/01/2013
DDAVP	Prior Authorization Restriction Removed; Generic Available	Clinical Reevaluation	N/A	Tier 1	QL	10/01/2013
Lomustine Capsules	New Generic Available for Ceenu	New Generic	N/A	Tier 1		10/01/2013
Temozolomide Capsules	New Generic Available for Temodar	New Generic	N/A	Tier 1		10/01/2013
Acamprosate Tablets	New Generic Available for Campral	New Generic	N/A	Tier 1	LA	10/01/2013
Acitretin Capsules	New Generic Available for	New Generic	N/A	Tier 1	LA	10/01/2013

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Soriatane					
Testim Gel	New Addition	New Addition	N/A	Tier 3	LA	07/01/2013
Testosterone Cypionate Vial	New Addition	New Addition	N/A	Tier 1	LA	07/01/2013
Naloxone Vial	New Addition	New Addition	N/A	Tier 1	LA	07/01/2013
Balsalazide Tablets	New Addition	New Addition	N/A	Tier 1		05/08/2013
Asacol 400 mg	Deletion of Drug From Formulary	Manufacturer Discontinuation	Asacol HD 800 mg	Tier 2		04/19/2013
Glipizide/Metformin Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2013
First-Mouthwash BLM	New Addition	New Addition	N/A	Tier 2		04/01/2013
Adapalene Cream and Gel	New Addition	New Addition	N/A	Tier 1	ST	04/01/2013
Ondansetron 4 mg and 8 mg tablets and ODT	Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		04/01/2013