



FORMULARY UPDATES TO ELEVATE MEDICAID CHOICE AND CHILD HEALTH PLAN PLUS (CHP+) PLANS

Medicaid Choice/CHP+ may add or remove drugs from the formulary or make changes to restrictions on formulary drugs during the year. If Medicaid Choice/CHP+ 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], Medicaid Choice/CHP+ will post the change(s) on our website at least 10 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, Medicaid Choice/CHP+ 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 Medicaid Choice/CHP+ Pharmacy Services Department at **303-602-2070** or **877-357-0963**.

FORMULARY ABBREVIATIONS

(Explanations can be found on the website in the Medicaid Choice/CHP+ Formulary and Pharmaceutical Management Procedures):

LA = Limited Access (must be filled at DH Pharmacy or PA Required)

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Freestyle Libre 3 Plus Sensor Device Manufactured by Abbott	Addition	Freestyle Libre 2 and 3 are to be discontinued in 2025	N/A	Preferred (Tier 1)	PA, QL (2 per 30 days)	3/15/2025
Xarelto DVT-PE Treat 30D Start Oral tablets, dose pack 15mg (42)-20mg (9)	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred (Tier 1)	QL (51 per 30 days)	3/1/2025
Xarelto oral tablets 2.5mg	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred (tier 1)	QL (60 per 30)	3/1/2025
Xarelto oral tablets 10mg, 15mg, 20mg	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred (tier 1)	QL (30 per 30)	3/1/2025
Eliquis (apixaban) DVT-PE Treat 30D Start Oral Tablets, dose pack 5mg (74 tablets)	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred (tier 1)	N/A	3/1/2025
Eliquis (apixaban) Oral Tablet 2.5mg, 5mg	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred (tier 1)	N/A	3/1/2025
Xolair (omalizumab) 300mg/2mL PFS and PFP Manufactured by: Genentech	Added to formulary	Upon request from DHHA Pharmacy leadership	N/A	Specialty (tier 3)	PA	4/1/2025

Dexcom G7 Sensors Manufactured by Dexcom	Addition to formulary	Dexcom G6 will be phased out and G7 does not require a transmitter which helps with costs to the member and the plan.	N/A	Non- preferred tier (tier 2)	PA, LA, QL (3 per 30 days)	4/1/2025
Dexcom G7 Receiver Manufactured by Dexcom	Addition to formulary	Dexcom G6 will be phased out and G7 does not require a transmitter which helps with costs to the member and the plan.	N/A	Non- preferred tier (tier 2)	PA, LA, QL (1 per 365 days)	4/1/2025
Fluticasone propionate HFA 44mcg/actuation; 110 mcg/actuation; 220mcg/actuation	Tier shift to preferred	Supply issues with alternatives and the need for 90 days supplies as requested by providers for pediatric patients	N/A	Preferred Generic (tier 1)	QLs (0.71/ day for the 44mcg/ actuation inhaler; 0.8mL/ day for the 100mcg/ act and 220mcg/act) 90 days supplies should pro- cess	1/25/2025
Nucynta (tapentadol) IR and ER tablets of all strengths Manufactured by Collegium Pharm	Removal	Manufacturer no longer participating in Medicaid drug rebate program	N/A	N/A	N/A	4/1/2025
Omnipod 5 (G6/Libre 2 plus) Intro Kit Manufactured by Insulet Corporation	Addition to formulary	Other Omnipods already on formulary and works with preferred CGM	N/A	Non- preferred brand (tier 2)	PA, LA, QL (Intro Kit: 1 per 365 days)	4/1/2025

Omnipod 5 (G6/Libre 2 plus) Pods Manufactured by Insulet Corporation	Addition to formulary	Other Omnipods already on formulary and works with preferred CGM	N/A	Non-preferred brand (tier 2)	PA, LA, QL (Pods: 10 per 30 days)	4/1/2025
Breyna (budesonide/formoterol) 80/4.5mcg, 160/4.5mcg HFA inhaler Manufactured by Mylan	Removal	Budesonide/Formoterol inhaler preferred	N/A	N/A	N/A	4/1/2025
Oxycontin (Oxycodone) ER All strengths Manufactured by Purdue	Addition to formulary	Generic no longer available on the market	N/A	Non-preferred (tier 2)	QL, LA (60 per 30 days)	4/1/2025
Insulin glargine-yfgn (Generic Semglee) vial; prefilled syringe (PFP) Manufactured by Biocon Biologics Inc	Added to formulary	Insulin glargine is now obsolete; Brand name Semglee and Lantus will be allowed for DHHA pharmacies.	N/A	Preferred Generic (tier 1)	Vial QL (40 per 28 days); PFP QL (30 per 30 days)	1/11/2025
Insulin Degludec (Tresiba) pens, vials Manufactured by Novo Nordisk	Updated step therapy requirements	Insulin glargine is now obsolete and is not an appropriate step therapy requirement	N/A	N/A	Updated: LA; ST (previous failure of insulin glargine-yfgn in the past 365 days); 100unit/mL pen QL(30 per 28 days); 200unit/mL pen (QL 18 per 28 days); 100unit/mL vial QL (40 per 28 days)	1/11/2025

Toujeo (insulin glargine) Max U-300 Solostar and Toujeo Solostar U-300 pens Manufactured by Aventis Pharm	Updated step therapy requirements	Insulin glargine is now obsolete and is not an appropriate step therapy requirement	N/A	N/A	Updated: LA; ST (pre- vious failure of insulin glargine-yf- gn in the past 365 days); 100unit/mL pen QL(30 per 28 days); 200unit/mL pen (QL 18 per 28 days); 100unit/mL vial QL (40 per 28 days)	1/11/2025
Oxycodone ER (Generic Oxycontin) all strengths; no longer available	Removal	No longer on the market; alignment with Health First of Colorado	Oxycontin	N/A	N/A	4/1/2025

Rexulti (brexpiprazole) oral tablets all strengths Manufactured by Otsuka America	Updated step therapy requirements	Regulatory requirements	N/A	N/A	LA; ST (Previous failure of ONE of the following in the past 365 days: Aripiprazole, Asenapine, Clozapine, Lurasidone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone); QL (30 per 30)	4/1/2025
Diclofenac Gel 1% (no longer available) Prescription strength	Removal	No longer available as a prescription. This is only available as an OTC product.	N/A	N/A	N/A	4/1/2025
Children's Dextromethorphan Suspension Manufacturer: Multiple	Added to the formulary	Regulatory	N/A	OTC	Ages 4-11 years	1/1/2025
Children's liquid and chewable acetaminophen Manufacturer: Multiple	Added to the formulary	Regulatory	N/A	OTC	< 12 years	1/1/2025
Children's liquid and chewable ibuprofen Manufacturer: Multiple	Added to the formulary	Regulatory	N/A	OTC	Ages 6 months – 11 years	1/1/2025

Freestyle Libre 2 Plus Sensor Kit Manufactured by Abbott	Added to the formulary	New product	N/A	Tier 1	PA	1/1/2025
Myrbetriq ER 24 hours (Mirabegron) 25mg, 50mg tablets	Removed from formulary	Generic available	Mirabegron 25mg and 50mg tablets	N/A	N/A	1/1/2025
Farxiga (dapagliflozin) 5mg, 10mg tablets	Removed from formulary	Generic available	Dapagliflozin 5mg and 10mg tablets	N/A	N/A	1/1/2025
Temodar (temozolomide) 20mg capsule	Removed from formulary	Generic available	Temozolomide 20mg capsules	N/A	N/A	1/1/2025
QVAR Redihaler Inhalation HFA Aerosol breath activated 40mcg/act; 80mcg/act (beclomethasone dipropionate)	Quantity limit updated	Updated packaging	N/A	N/A	QL (21.2 per 30 days)	1/1/2025
Freestyle Precision Neo test strips Manufactured by Abbott	Moved to preferred brand	Moved to preferred brand	N/A	Tier 1	QL (200 per 90 days)	1/1/2025
Narcan Rx	Remove QL	Regulatory requirement	N/A	1	N/A	10/01/2024
Naloxone Rx	Remove QL	Regulatory requirement	N/A	1	N/A	10/01/2024
Qbrexza	Removed from the formulary	Clinical reevaluation	N/A	N/A	N/A	10/01/2024
Drysol	Removed from the formulary	Clinical reevaluation	N/A	N/A	N/A	10/01/2024

Omnipod Dash Pods	Added PA	Clinical reevaluation	N/A	4	LA, PA, QL	10/01/2024
Omnipod 5 G6 intro kits and pods	Added PA	Clinical reevaluation	N/A	4	LA, PA, QL	10/01/2024
Freestyle Libre 3 reader and sensor	Added PA	Clinical reevaluation	N/A	2	LA, PA, QL	10/01/2024
Freestyle Libre 2 reader and sensor	Added PA	Clinical reevaluation	N/A	2	LA, PA, QL	10/01/2024
Freestyle Libre 14-day reader and sensor	Added PA	Clinical reevaluation	N/A	2	LA, PA, QL	10/01/2024
Dexcom G6 Reader, transmitter, and sensors	Changed from ST to PA	Clinical reevaluation	N/A	4	LA, PA, QL	10/01/2024
Nicotrol nasal spray	Remove QL	Regulatory requirement	N/A	1	N/A	10/01/2024
Nicotrol inhaler	Remove QL	Regulatory requirement	N/A	1	N/A	10/01/2024
Nicotine patch	Remove QL	Regulatory requirement	N/A	1	N/A	10/01/2024
Vilazodone tablet	ST changed from trial of three products down to two	Clinical reevaluation	Two of the following: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine	2	LA, ST, QL	10/01/2024

Vraylar	ST changed from trial of two products down to one	Clinical reevaluation	Aripiprazole, Clozapine, Lamotrigine, Lithium, Olanzapine, Quetiapine, Risperidone, Ziprasidone	4	LA, ST, QL, Age	10/01/2024
Urea 40% cream	Removed from formulary	Clinical reevaluation	N/A	N/A	N/A	10/01/2024
Omnipod Classic Pods	Removed from formulary	Manufacturer discontinuation	Omnipod 5 G6	N/A	N/A	10/01/2024
Humira (CF)	Removed from formulary	Clinical and cost reevaluations	N/A	N/A	N/A	10/01/2024
Atrovent	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/01/2024
Alvesco	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/01/2024
Pulmicort Flexhaler	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/01/2024
Qvar Redihaler	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/01/2024
Premarin vaginal cream	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA	10/01/2024
Enoxaparin	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/01/2024
Liraglutide	New generic for Victoza	Clinical and cost reevaluation	N/A	Tier 2	LA, PA, QL	10/01/2024

Mirabegron oral extended-release tablets	New generic for Myrbetriq	Clinical and cost reevaluation	N/A	Tier 2	LA, QL	10/01/2024
Dapagliflozin oral tablets	New generic for Farxiga	Clinical and cost reevaluation	N/A	Tier 2	LA, QL	10/01/2024
Ivabradine oral tablets	New generic for Corlanor	Clinical and cost reevaluation	Atenolol, Carvedilol, Labetalol, Metoprolol, Nadolol, Pindolol, Propranolol or Sotalol	Tier 2	LA, ST, QL	10/01/2024
Varenicline tablet	Remove QL	Clinical reevaluation	N/A	Tier 1	N/A	
Basqimi	Remove step therapy	Clinical reevaluation	N/A	Tier 4	LA, QL	10/01/2024
Indocin suspension	Remove from formulary	Clinical and cost reevaluation	Indomethacin oral capsules and extended-release capsule	N/A	N/A	10/01/2024
Glucagen vial injection	Remove from formulary	Manufacturer discontinuation	Glucagon injection, Basqimi	N/A	N/A	10/01/2024
Vivitrol injection	Remove QL	Regulatory requirement	N/A	Tier 1	N/A	
Sublocade injection	Remove QL	Regulatory requirement	N/A	Tier 1	N/A	10/01/2024
Bunavail film	Remove QL	Regulatory requirement	N/A	Tier 1	N/A	08/07/2024
Buprenorphine-naloxone film and tablet	Remove QL	Regulatory requirement	N/A	Tier 1	N/A	08/07/2024
Buprenorphine tablet	Remove QL	Regulatory requirement	N/A	Tier 1	N/A	08/07/2024

Byetta	Changed from Step Therapy to prior authorization	Clinical and Cost Reevaluation	N/A	Tier 3	QL, PA	08/01/2024
Bydureon Bcise	Changed from Step Therapy to prior authorization	Clinical and Cost Reevaluation	N/A	Tier 3	QL, PA	08/01/2024
Ozempic	Changed from Step Therapy to prior authorization	Clinical and Cost Reevaluation	N/A	Tier 3	QL, PA	08/01/2024
Rybelsus	Changed from Step Therapy to prior authorization	Clinical and Cost Reevaluation	N/A	Tier 3	QL, PA	08/01/2024
Trulicity	Changed from Step Therapy to prior authorization	Clinical and Cost Reevaluation	N/A	Tier 3	QL, PA	08/01/2024
Victoza	Changed from Step Therapy to prior authorization	Clinical and Cost Reevaluation	N/A	Tier 3	QL, PA	08/01/2024
Bydureon	Removal	No longer in market	Bydureon Bcise	Tier 3	QL, ST	07/01/2024

Lageviro capsule	Tier Change from PREV to Tier 3, quantity limit restriction change, age restriction added	Clinical and Cost Reevaluation	N/A	Tier 3	Age, QL	07/01/2024
Estradiol gel MD pump	New Generic for Estrogen	New Generic	Estradiol oral tablets, estradiol transdermal patches, estradiol vaginal cream	Tier 2	LA, QL, ST	07/01/2024
Insulin degludec vials and Flextouch Pens	Step Therapy criteria change	Clinical reevaluation	Insulin glargine	Tier 2	LA, QL, ST	07/01/2024
Toujeo Solostar and Toujeo Max Solostar	Step Therapy criteria change	Clinical reevaluation	Insulin glargine	Tier 4	LA,ST, QL	07/01/2024
Freestyle Libre 3 Reader	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2024
Freestyle Libre 3 Sensors	Quantity Restriction Added	Clinical and Cost Reevaluation	N/A	Tier 2	LA, QL	08/01/2024
Menveo	New Addition	New Addition	N/A	Tier 1	Age	04/01/2024
Menquadfi	New Addition	New Addition	N/A	Tier 1	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 Flex-touch Pens, Lantus and Levemir	N/A	N/A	06/01/2024
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, Age	04/01/2024
Abryso	New Addition	New Addition	N/A	Tier 1	Age	01/01/2024
Arexvy	New Addition	New Addition	N/A	Tier 1	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	Aqe, QL	01/01/2024
Mavyret tablets and pellets	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	Tier 5	LA, QL	10/01/2023
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	Tier 1	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
Trospium 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
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 Biphase 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, paliperidone, quetiapine, risperidone, ziprasidone	Tier 4	LA, QL, ST	07/01/2023
Invega Trinza Injection	New Addition	New Addition	Invega Sustenna	Tier 4	LA, QL, ST	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
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	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	07/01/2023
Mydayis Capsules	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	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 Restriction Removed	Clinical and Cost Reevaluation	N/A	Tier 1	QL	07/01/2023
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 and Packets for Suspension	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	07/01/2023
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	Step Therapy Restriction Updated	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.	N/A	LA, QL, ST	07/01/2023
Byetta Injection	Step Therapy Restriction Updated	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.	N/A	LA, ST	07/01/2023

Ozempic Injection	Step Therapy Restriction Updated	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.	N/A	LA, QL, ST	07/01/2023
Rybelsus Tablets	Step Therapy Restriction Updated	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.	N/A	LA, QL, ST	07/01/2023
Trulicity Injection	Step Therapy Restriction Updated	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.	N/A	LA, QL, ST	07/01/2023

Victoza Injection	Step Therapy Restriction Updated	Clinical and Cost Reevaluation	Metformin, pioglitazone, sulfonylurea or any combination product containing any of the aforementioned agents. For the indication of type 2 diabetes.	N/A	LA, QL, ST	07/01/2023
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
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
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: Ar- ipiprazole, Clozapine, La- motrigine, Lith- ium, Olanzap- ine, 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 Oral Disintegrating Tablets	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	04/01/2023

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
Sofosbuvir/Velpatasvir Tablets, Epclusa Tablets, Epclusa Pellets	Prior Authorization Restriction Removed; Quantity Limit Restriction Updated	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2023
Ledipasvir/Sofosbuvir Tablets, Harvoni Tablets, Harvoni Pellets	Prior Authorization Restriction Removed; Quantity Limit Restriction Updated	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2023
Bydureon Injection	Step Therapy Restriction Updated	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Byetta Injection	Step Therapy Restriction Added	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, ST	01/01/2023
Ozempic Injection	Step Therapy Restriction Updated	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023

Trulicity Injection	Step Therapy Restriction Added	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Victoza Injection	Step Therapy Restriction Added	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Phexxi Vaginal Gel	Tier Change from Tier 4 to Tier 1; Quantity Limit Restriction Removed	Regulatory Requirement	N/A	Tier 1		01/01/2023
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
Torsemide 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
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