



### **2025 Formulary Changes**

<b>Date</b>	<b>Drug Name</b>	<b>Description of Change</b>	<b>Note</b>
10/6/2025	Polyvinyl Alcohol Ophth Soln 1.4%	Supplemental Formulary Addition	
10/6/2025	Dextran 70-Hypromellose Ophth Soln 0.1-0.3%	Supplemental Formulary Addition	
10/6/2025	Dextran 70-Hypromellose (PF) Ophth Soln 0.1-0.3%	Supplemental Formulary Addition	
10/6/2025	Polyvinyl Alcohol-Povidone Ophth Soln 5-6 MG/ML (0.5-0.6%)	Supplemental Formulary Addition	
10/6/2025	White Petrolatum-Mineral Oil Ophth Ointment	Supplemental Formulary Addition	
10/6/2025	Tetrahydrozoline HCl Ophth Soln 0.05%	Supplemental Formulary Addition	
10/6/2025	Naphazoline w/ Pheniramine Ophth Soln 0.025-0.3%	Supplemental Formulary Addition	
10/6/2025	Sodium Chloride Hypertonic Ophth Soln 5%	Supplemental Formulary Addition	
10/6/2025	Sodium Chloride Hypertonic Ophth Oint 5%	Supplemental Formulary Addition	
10/6/2025	Carbamide Peroxide 6.5% Otic Soln	Supplemental Formulary Addition	
10/6/2025	Bacitracin Oint 500 Unit/GM	Supplemental Formulary Addition	
10/6/2025	Bacitracin Zinc Oint 500 Unit/GM	Supplemental Formulary Addition	
10/6/2025	Neomycin-Bacitracin-Polymyxin Oint	Supplemental Formulary Addition	
10/6/2025	Coal Tar Shampoo 0.5%	Supplemental Formulary Addition	
10/6/2025	Capsaicin Cream 0.025%	Supplemental Formulary Addition	
10/6/2025	Capsaicin Cream 0.075%	Supplemental Formulary Addition	
10/6/2025	Dibucaine Oint 1%	Supplemental Formulary Addition	
10/6/2025	Zinc Oxide Oint 20%	Supplemental Formulary Addition	
10/6/2025	Chlorhexidine Gluconate Soln 4%	Supplemental Formulary Addition	
10/6/2025	Povidone-Iodine Soln 10%	Supplemental Formulary Addition	
10/6/2025	Pediatric Vitamins ADC Drops 250 MCG-10 MCG-50MG/ML	Supplemental Formulary Addition	
10/28/2025	Lamtroline Tab ER 24 HR 50 MG, 100 MG, 200 MG	Quantity Limit added	

<b>10/28/2025</b>	<b>LEVETIRACETAM TAB DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG, 1000 MG</b>	Quantity Limit Adjusted	
September 2025	Lazcluze tablets	Starter Fill/ Split Fill Program addition	
September 2025	Akeega Tablet	Starter Fill/ Split Fill Program addition	
September 2025	Revuforj tablets	Starter Fill/ Split Fill Program addition	
September 2025	Bosulif tablets	Starter Fill/ Split Fill Program addition	
September 2025	Ogsiveo tablets	Starter Fill/ Split Fill Program addition	
September 2025	Augtyro capsules	Starter Fill/ Split Fill Program addition	
September 2025	Ibtrozi capsules	Starter Fill/ Split Fill Program addition	
September 2025	Zegfrovy tablets	Starter Fill/ Split Fill Program addition Note this product is not available yet on market	
September 2025	Lovastatin tablets, 10 mg, 20 mg, 40mg	90 Day Supply Allowed	
September 2025	ALPRAZOLAM ODT 0.25 MG TAB	Age Limit Addition	AL 10 yo max
September 2025	ALPRAZOLAM ODT 0.5 MG TAB	Age Limit Addition	AL 10 yo max
September 2025	ALPRAZOLAM ODT 1 MG TAB	Age Limit Addition	AL 10 yo max
September 2025	ALPRAZOLAM ODT 2 MG TAB	Age Limit Addition	AL 10 yo max
September 2025	CARBIDOPA-LEVO 10-100 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	CARBIDOPA-LEVO 25-100 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	CARBIDOPA-LEVO 25-250 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	CLONAZEPAM 0.125 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	CLONAZEPAM 0.25 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	CLONAZEPAM 0.5 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	CLONAZEPAM 1 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	CLONAZEPAM 2 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	DONEPEZIL HCL ODT 10 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	DONEPEZIL HCL ODT 5 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	CHLD ALLERGY 30 MG ODT (Fexofenadine HCl Orally Disintegrating Tab 30 MG)	Age Limit Addition	AL 10 yo max

September 2025	LAMOTRIGINE ODT 100 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	LAMOTRIGINE ODT 200 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	LAMOTRIGINE ODT 25 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	LAMOTRIGINE ODT 50 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	LANSOPRAZOLE DR 15 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	LANSOPRAZOLE DR 30 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	DES Loratadine 5 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	DES Loratadine 2.5 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	CLARITIN 5 MG REDITABS	Age Limit Addition	AL 10 yo max
September 2025	REMERON 15 MG SOLTAB	Age Limit Addition	AL 10 yo max
September 2025	MIRTAZAPINE 30 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	REMERON 45 MG SOLTAB	Age Limit Addition	AL 10 yo max
September 2025	OMEPRazole DR 20 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	PREDNISOLONE ODT 10 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	PREDNISOLONE ODT 15 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	PREDNISOLONE ODT 30 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	MAXALT MLT 10 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	RIZATRIPTAN 5 MG ODT	Age Limit Addition	AL 10 yo max
September 2025	EXJADE 125 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	EXJADE 250 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	EXJADE 500 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	TASCENSO ODT 0.25 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	TASCENSO ODT 0.5 MG TABLET	Age Limit Addition	AL 10 yo max
September 2025	DIPHENHYDRAMINE HCL TAB DISINT 12.5 MG	Age Limit Addition	AL 10 yo max
September 2025	UNISOM SLEEPMELTS (DIPHENHYDRAMINE HCL (SLEEP) TAB DISINT 25 MG )	Age Limit Addition	AL 10 yo max
September 2025	HYOSCYAMINE SULFATE ODT	Age Limit Addition	AL 10 yo max

September 2025	LEVOCETIRIZINE 2.5 MG/5 ML SOL	Age Limit Addition	AL 10 yo max
September 2025	CHILD LORATADINE 5 MG/5 ML SYR	Age Limit Addition	AL Min, 2 yo, 10 yo max
September 2025	METFORMIN HCL 500 MG/5 ML SOLN	Age Limit Addition	AL 10 yo max
September 2025	RIOMET ER 500 MG/5 ML SUSP	Age Limit Addition	AL 10 yo max
September 2025	SENNA 8.8 MG/5 ML SYRUP CUP	Age Limit Addition	AL 10 yo max
September 2025	VIMPAT 10 MG/ML SOLUTION (Lacosamide Oral Solution 10 MG/ML )	Age Limit Addition	AL 10 yo max
September 2025	XATMEP 2.5 MG/ML ORAL SOLUTION (Methotrexate Oral Soln 2.5 MG/ML )	Age Limit Addition	AL 10 yo max
September 2025	SENNA SYRUP 176 MG/5ML	Age Limit Addition	AL 10 yo max
September 2025	PHENOBARBITAL ELIXIR 20 MG/5ML	Age Limit Addition	AL 10 yo max
September 2025	PREDNISONE ORAL SOLN 5 MG/5ML	Quantity Limit Addition	AL 10 yo max
September 2025	ONDANSETRON 4 MG/5 ML SOLUTION	Quantity Limit Addition	20ml per day
September 2025	ONDANSETRON ODT 4 MG TABLET	Quantity Limit Addition	3 tabs per day
September 2025	ONDANSETRON ODT 8 MG TABLET	Quantity Limit Addition	3 tabs per day
September 2025	ONDANSETRON ODT 16 MG TABLET	Quantity Limit Addition	1 tab per day
September 2025	ONDANSETRON ODT 24 MG TABLET	Quantity Limit Addition	1 tab per day
September 2025	Ondansetron HCl Tab 4 MG	Quantity Limit Addition	4 tabs per day
September 2025	Ondansetron HCl Tab 4 MG	Quantity Limit Addition	3 tabs per day
Aug 2025	Multivitamin products	Cost threshold Addition-\$50 per claim	
Aug 2025	All Oncology medications EXCEPT preferred biosimilar products for rituximab, trastuzumab, and bevacizumab, preferred methotrexate products, antiestrogen products ex. Tamoxifen and aromatase inhibitors ex. anastrozole, exemestane, letrozole	Prior Authorization Addition	
June 2025	Jornay PM extended release capsules	Quantity Limit Addition	
June 2025	Clindamycin oral solution	Age Edit removed	
May 2025	Cyclosporine 100mg cap	Supplemental Formulary Removal	
May 2025	Penicillamine 250mg tab	Supplemental Formulary Removal	
May 2025	Octreotide acetate Injection products: KIT 20 MG, KIT 20 MG, 100 MCG/ML (0.1 MG/ML), 200 MCG/ML (0.2 MG/ML), SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML, SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	Supplemental Formulary Removal	

May 2025	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	Supplemental Formulary Removal	
May 2025	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL FOAM 1-1%	Supplemental Formulary Removal	
May 2025	AMINOCAPROIC ACID TAB 500 MG, 1000MG	Supplemental Formulary Removal	
May 2025	SULFADIAZINE TAB 500 MG	Supplemental Formulary Removal	
May 2025	Permethrin Aerosol 0.5% Products STOP LICE SPRAY 0.5% LICE BEDDING AER 0.5% BEDDING SPRAY AER 0.5% RID AEROSOL 0.5%	Supplemental Formulary Removal	
May 2025	CUTTER SKINS LIQ 7%	Supplemental Formulary Removal	
June 2025	Diethyltoluamide (DEET) Aerosol products REPEL SPORTS AER 25% REPEL SPORTS AER 40% OFF ACTIVE AER 15% OFF DEEP WDS AER 25% OFF SMTH/DRY AER 15% OFF DEEP WDS AER 25% OFF ACTIVE AER 15% CUTTER BACKW AER 25%	Supplemental Formulary Removal	
June 2025	SAWYER REPEL SPR 20%	Supplemental Formulary Removal	
June 2025	NATRAPEL 12H SPR 20%	Supplemental Formulary Removal	
May 2025	Symbravo 20-10 MG tablet	Quantity Limit Addition	
April 2025	Journavx 50 mg tablet	Quantity Limit Addition	Non-Formulary product
April 2025	Epinephrine auto-injectors pens all strengths	Quantity Limit Update	
April 2025	Sublocade injections (all strengths)	Quantity Limit Removed	
4/7/2025	METRONIDAZOLE 0.75% CREAM	New PDL Drug Class- Rosacea agents  Removed from supplemental formulary PDL addition- Preferred	
4/7/2025	METRONIDAZOLE TOPICAL 1% GEL and GEL PUMP	New PDL Drug Class- Rosacea agents  Removed from supplemental formulary PDL addition- Preferred	
4/7/2025	METRONIDAZOLE TOPICAL 0.75% GL	New PDL Drug Class- Rosacea agents	

		Removed from supplemental formulary PDL addition- Preferred	
4/7/2025	NORITATE CREAM 1% (Metronidazole 1% topical cream)	New PDL Drug Class- Rosacea agents  Removed from supplemental formulary PDL addition- Non-Preferred	
4/1/2025	Enfit Syringe & Enfit Bottle Adapter	Supplemental Formulary and Quantity Limit Addition	
March 2025	Xromi solution 100mg/ml	Age edit applied	
3/25/2025	Narcotic cough syrups (excluding Tussionex products)  Hydrocodone Bitartrate-Homatropine Methylbromide Solution Guaifenesin-Codeine Solution Promethazine w/ Codeine Syrup Guaifenesin-Codeine Liquid Hydrocodone-Guaifenesin Solution Hydrocodone w/ Homatropine Syrup Hydrocodone-Chlorpheniramine Solution Phenylephrine w/ Codeine Liquid Codeine-Pseudoephedrine-Chlorcyclizine Liq 9-30-12.5 MG/5ML Chlorpheniramine w/ Codeine Liquid Chlorpheniramine w/ Codeine Suspension Codeine Polist-Chlorphen Polist Extended Release Suspension Codeine-Chlorcyclizine Liquid	Quantity Limit Addition	240ml per 30 days or 480ml per 90 days, unless the member has cancer.
3/25/2025	Tussionex (Hydrocod Polst-Chlorphen Polst Extended Release Suspension)	Quantity Limit Addition	120ml per 84 days or 480ml per 365 days, unless the member has cancer.
3/25/2025	Vraylar Capsules	Step Therapy Removed	
3/21/2025	Lagevrio 200mg capsule	Quantity Limit Addition	
3/21/2025	Paxlovid 150 MG-100 MG tab, 300 MG-100 MG tab	Quantity Limit Addition	
3/21/2025	Brixadi Solution Prefilled Syringe (all strengths)	Quantity Limit Addition	
3/1/2025	Moxifloxacin 400mg TABLET	Point of sale Diagnosis code added	ICD-10- A49.3, Still requires a Prior Auth if not this diagnosis.
1/10/2025	Covid-19 Vaccine	Age Minimum Change	Allow 3 years old and older
1/10/2025	Flu vaccines	Age Minimum Change	Allow 3 years old and older
1/6/2025	ADAPALENE 0.3% Gel Pump RX	Changed to Preferred PDL product	

1/6/2025	ADAPALENE 0.3% GEL RX	Changed to Preferred PDL product	
1/6/2025	AGAMREE 40 MG/ML SUSPENSION	PDL Addition-Non-Preferred	
1/6/2025	ALBUTEROL HFA (generic Ventolin HFA)	Changed to Non-Preferred PDL Product	
1/6/2025	ALLOPURINOL 200 MG TABLET	Changed to Non-Preferred PDL Product	
1/6/2025	APIDRA SOLOSTAR Pen	Changed to Non-Preferred PDL Product	
1/6/2025	APIDRA Vial	Changed to Non-Preferred PDL Product	
1/6/2025	APO-VARENICLINE (this is not a US FDA approved product- it is Canadian)	Changed to Non-Preferred PDL Product	
1/6/2025	AUSTEDO XR	Changed to Non-Preferred PDL Product	
1/6/2025	BETASERON KIT	Changed to Non-Preferred PDL Product	
1/6/2025	BIVIGAM 10 GM/100 ML (10%) VL	Changed to Preferred PDL Product	
1/6/2025	BIVIGAM 5 GM/50 ML (10%) VIAL	Changed to Preferred PDL Product	
1/6/2025	BUDESONIDE Nasal OTC	Changed to Non-Preferred PDL Product	
1/6/2025	CALCIPOTRIENE 0.005% FOAM	Changed to Non-Preferred PDL Product	
1/6/2025	CARBAGLU	PDL Addition-Non-Preferred	Generic preferred
1/6/2025	CARGLUMIC ACID TAB SUSP (Burel 35573 Labeler)	PDL Addition-Non-Preferred	
1/6/2025	CARGLUMIC ACID TAB SUSP -labeler code 71863 only	PDL Addition-Preferred	
1/6/2025	CELONTIN	Changed to Non-Preferred PDL Product	
1/6/2025	CINQAIR 100mg/10 ML Vial	PDL Addition-Non-Preferred	
1/6/2025	CLARITHROMYCIN TABLET	Changed to Preferred PDL Product	
1/6/2025	CLENPIQ 160 ML SOLUTION	Changed to Non-Preferred PDL Product	
1/6/2025	CLINDAMYCIN 1% gel	Changed to Preferred PDL Product	
1/6/2025	CLINDESSE VAG CREAM RX	Changed to Non-Preferred PDL Product	
1/6/2025	CONCERTA	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 1 GRAM/5 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 10 GRAM/50 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 2 GRAM/10 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 4 GRAM/20 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 8 GRAM/ 40 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	DESVENLAFAXINE ER TAB	Changed to Non-Preferred PDL Product	generic Desvenlafaxine ER (Pristiq) Preferred

1/6/2025	DICLOFENAC 1% gel RX	Changed to Non-Preferred PDL Product	OTC generic preferred
1/6/2025	DIFLUNISAL	PDL Addition- Non-Preferred	
1/6/2025	DILANTIN CAP	Changed to Non-Preferred PDL Product	
1/6/2025	DURYSTA	PDL Addition-Non-Preferred	
1/6/2025	ELIDEL	Changed to Non-Preferred PDL Product	
1/6/2025	EMGALITY 100MG	Changed to Non-Preferred PDL Product	
1/6/2025	EMTRICITABINE(generic Emtriva)	Changed to Preferred PDL Product	
1/6/2025	EMTRIVA Capsule	Changed to Non-Preferred PDL Product	Generic Preferred
1/6/2025	EMTRIVA Solution	Changed to Non-Preferred PDL Product	
1/6/2025	ENTYVIO	Changed to Preferred PDL Product	
1/6/2025	ENTYVIO PEN	Changed to Preferred PDL Product	
1/6/2025	EPOGEN	Changed to Non-Preferred PDL Product	
1/6/2025	Fenofibric Acid 35 MG , 105 MG tablets (generic Fibracor)	Changed to Non-Preferred PDL Product	
1/6/2025	FENOFIBRATE 40 MG, 120 MG tab (generic Fenoglide)	Changed to Non-Preferred PDL Product	
1/6/2025	FENOFIBRATE 50mg, 150 MG Cap (generic Lipofen)	Changed to Non-Preferred PDL Product	
1/6/2025	FENOFIBRATE cap 43 MG, 90 MG, 130 MG (generic Antara-fenofibrate micronized )	Changed to Non-Preferred PDL Product	
1/6/2025	FENOFIBRIC (gen Trilipix) 45 MG CAP, 135 MG CAP (generic Trilipix- Choline Fenofibrate Cap))	Changed to Non-Preferred PDL Product	
1/6/2025	FIRAZYR	Changed to Non-Preferred PDL Product	
1/6/2025	FULPHILA	Changed to Preferred PDL Product	
1/6/2025	GAMMAGARD LIQUID 10% VIAL	Changed to Preferred PDL Product	
1/6/2025	GAMMAGARD S-D 10 G (IGA<1) SOL	Changed to Preferred PDL Product	
1/6/2025	GAMMAGARD S-D 5 G (IGA<1) SOLN	Changed to Preferred PDL Product	
1/6/2025	Gen Trianex (Triamcinolone 0.05%	Changed to Non-Preferred PDL Product	
1/6/2025	Generic PRILOSEC OTC (omeprazole)	Changed to Non-Preferred PDL Product	Generic preferred
1/6/2025	GRANIX	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 1 GRAM/5 ML SYRINGE	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 1 GRAM/5 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 10 GRAM/50 ML SYRINGE	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 10 GRAM/50 ML VIAL	Changed to Non-Preferred PDL Product	

1/6/2025	HIZENTRA 2 GRAM/10 ML SYRINGE	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 2 GRAM/10 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 4 GRAM/20 ML SYRINGE	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 4 GRAM/20 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 10 GM-800 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 2.5 GM-200 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 20 GM-1,600 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 30 GM-2,400 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 5 GM-400 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	IDOSE TR 75 MCG IMPLANT	PDL Addition-Non-Preferred	
1/6/2025	INSULIN DEGLUDEC 100 UNIT/ML vial	Changed to Non-Preferred PDL Product	
1/6/2025	INSULIN DEGLUDEC PEN (U-100)	Changed to Non-Preferred PDL Product	
1/6/2025	INSULIN DEGLUDEC PEN (U-200)	Changed to Non-Preferred PDL Product	
1/6/2025	LEVONORG-EE-FE BIS 0.1-0.02-36 (Generic Balcotra)	Changed to Non-Preferred PDL Product	
1/6/2025	LITFULO cap	PDL Addition-Non-Preferred	
1/6/2025	MICROGESTIN 24 FE 1 MG-20 MCG	Changed to Non-Preferred PDL Product	
1/6/2025	NEXICLON XR 0.17 MG TABLET	Changed to Non-Preferred PDL Product	Generic Preferred
1/6/2025	Nitrofurantoin macrocrystals 50mg (Generic Macrochantin)	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NORVIR PWD PACK	Changed to Non-Preferred PDL Product	
1/6/2025	NUCALA 100 MG/ML POWDER VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NUCALA 100 MG/ML POWDER VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NUCALA 100 MG/ML SYRINGE [Asthma	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NUCALA 100 MG/ML SYRINGE [EGPA	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NUTROPIN AQ NUSPIN	Changed to Non-Preferred PDL Product	
1/6/2025	OHTUVAYRE 3 MG/2.5ML INHAL	PDL Addition-Non-Preferred	
1/6/2025	OLOPATADINE HCL 0.1% EYE DROPS	Changed to Non-Preferred PDL Product	
1/6/2025	OMVOH 100 MG/ML PEN	PDL Addition-Non-Preferred	

1/6/2025	OMVOH 300 MG/15 ML VIAL	PDL Addition-Non-Preferred	
1/6/2025	OPVEE 2.7 MG NASAL SPRAY	Changed to Non-Preferred PDL Product	
1/6/2025	PATADAY 0.1% OTC (twice daily)	Changed to Non-Preferred PDL Product	Generic OTC preferred
1/6/2025	PATADAY 0.2% OTC	Changed to Non-Preferred PDL Product	Generic OTC/RX preferred
1/6/2025	PATADAY 0.7% OTC (Pazeo OTC)	Changed to Non-Preferred PDL Product	
1/6/2025	PERSERIS	Changed to Non-Preferred PDL Product	
1/6/2025	PROTOPIC 0.03%	Changed to Non-Preferred PDL Product	Generic preferred with Prior Authorization
1/6/2025	PROAIR RESPICLICK 90 MCG INHLR	Changed to Non-Preferred PDL Product	
1/6/2025	PROTOPIC 0.1%	Changed to Non-Preferred PDL Product	Generic preferred with Prior Authorization
1/6/2025	REBINYN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	RELEUKO	Changed to Non-Preferred PDL Product	
1/6/2025	RINVOQ	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	SAXENDA 18 MG/3 ML PEN	Changed to Non-Preferred PDL Product	
1/6/2025	SUFLAVE POWDER	PDL Addition-Non-Preferred	
1/6/2025	SYMITUZA	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	TEZSPIRE 210mg /1.91 ML Syringe	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	TIAGABINE	Changed to Non-Preferred PDL Product	
1/6/2025	Tramadol ER Tablet ( Biphasic Release)	Changed to Non-Preferred PDL Product	
1/6/2025	TRIAMCINOLONE Nasal OTC	Changed to Non-Preferred PDL Product	
1/6/2025	TRILEPTAL SUSPENSION	Changed to Non-Preferred Product	Generic Preferred
1/6/2025	TRIPTODUR 22.5 MG KIT 22.5 mg	Changed to Non-Preferred PDL Product	
1/6/2025	TRIUMEQ PD 60-5-30 MG TAB SUSP (Ped Formulation)	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	TYENNE 162 MG/0.9 ML AUTOINJCT, SYRINGE	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	TYENNE vial	Changed to Preferred PDL product	Prior Authorization Remains

1/6/2025	UB Toujeo Max SoloStar Pen	Changed to Non-Preferred PDL Product	Brand Toujeo max Solostar Preferred
1/6/2025	UB Toujeo SoloStar Pen	Changed to Non-Preferred PDL Product	Brand Toujeo Solostar Preferred
1/6/2025	VANCOMYCIN 25 MG/ML SOLUTION (Generic Firvanq)	Changed to Preferred PDL product	
1/6/2025	VANCOMYCIN 50 MG/ML SOLUTION	Changed to Preferred PDL product	
1/6/2025	VOQUEZNA DUAL PAK	PDL Addition-Non-Preferred	
1/6/2025	VOQUEZNA TRIPLE PAK	PDL Addition-Non-Preferred	
1/6/2025	XELJANZ 11MG XR	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XEMBIFY 20% (1 G/5 ML) VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XEMBIFY 20% (10 G/50 ML) VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XEMBIFY 20% (2 G/10 ML) VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XEMBIFY 20% (4 G/20 ML) VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XGEVA 120 MG/1.7 ML VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 150 MG/ML AUTOINJECTO	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 150 MG/ML AUTOINJECTO	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 300 MG/2 ML AUTOINJECT	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 300 MG/2 ML AUTOINJECT [	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 300 MG/2 ML SYRINGE [300mg	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 300 MG/2 ML SYRINGE [300mg	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 75 MG/0.5 ML AUTOINJECT	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 75 MG/0.5 ML AUTOINJECT	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZADITOR OTC	Changed to Non-Preferred PDL Product	Generic OTC preferred

1/6/2025	ZEPBOUND 10 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 12.5 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 15 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 2.5 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 5 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 7.5 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZIEXTENZO	Changed to Non-Preferred PDL Product	
1/6/2025	Xtampza ER	Changed to Non-Preferred PDL Product	
1/6/2025	XOPENEX HFA/Levalbuterol HFA	Changed to Non-Preferred PDL Product	
1/6/2025	8290328203 BD PEN NEEDL MIS 29GX12.7	PDL Deletion	
1/6/2025	8290320119 BD PEN NEEDL MIS 31GX5MM	PDL Deletion	
1/6/2025	8290320109 BD PEN NEEDL MIS 31GX8MM	PDL Deletion	
1/6/2025	8290320122 BD PEN NEEDL MIS 32GX4MM	PDL Deletion	
1/6/2025	8290320749 BD PEN NEEDL MIS 32GX6MM	PDL Deletion	
1/6/2025	ADRENALIN 1 MG/ML VIAL	PDL Deletion	
1/6/2025	DEPO-MEDROL 200 MG/5 ML VIAL	PDL Deletion	
1/6/2025	EPINEPHRINE 1 MG/ML VIAL	PDL Deletion	
1/6/2025	LEVOTHYROXINE 100 MCG VIAL	PDL Deletion	
1/6/2025	LEVOTHYROXINE 100 MCG/ML VIAL	PDL Deletion	
1/6/2025	LEVOTHYROXINE 200 MCG VIAL	PDL Deletion	
1/6/2025	LEVOTHYROXINE 500 MCG VIAL	PDL Deletion	
1/6/2025	PHENOBARBITAL 130 MG/ML VIAL	PDL Deletion	
1/6/2025	PILOCARPINE HCL 5 MG TABLET	PDL Deletion	<b>Supplemental formulary Coverage</b>
1/6/2025	PROMETHAZINE 6.25 MG/5 ML SOLN	PDL Deletion	<b>Supplemental formulary Coverage</b>
1/6/2025	VANCOMYCIN 1 GM VIAL	PDL Deletion	
1/6/2025	ECONTRA EZ 1.5 MG TABLET	PDL Deletion	
1/6/2025	ECONTRA ONE-STEP 1.5 MG TABLET	PDL Deletion	
1/6/2025	HER STYLE 1.5 MG TABLET	PDL Deletion	
1/6/2025	LEVONORGESTREL 1.5 MG TABLET	PDL Deletion	
1/6/2025	MY CHOICE 1.5 MG TABLET	PDL Deletion	
1/6/2025	MY WAY 1.5 MG TABLET	PDL Deletion	
1/6/2025	NEW DAY 1.5 MG TABLET	PDL Deletion	

1/6/2025	OPCICON ONE-STEP 1.5 MG TABLET	PDL Deletion	
1/6/2025	OPTION 2 1.5 MG TABLET	PDL Deletion	
1/6/2025	VUITY 1.25% EYE DROP	PDL Deletion	
1/6/2025	ALCOHOL 70% PREP PADS	PDL Deletion	Alcohol pads available on supplemental formulary
1/6/2025	SURE COMFORT ALCOHOL PREP PADS	PDL Deletion	Alcohol pads available on supplemental formulary
1/6/2025	Tobramycin 300MG/ 5 ML AMPULE	Prior Authorization Removed on Preferred Tobramycin Products	Tobramycin Clinical Policy Retired
1/1/2025	ANTICONVULSANTS- DILANTIN 100 MG CAPSULE , TEGRETOL Tablet, TEGRETOL 100 MG/5 ML SUSP, CARBATROL ER CAPSULES, LAMICTAL IR, XR, ODT TABLET, TRILEPTAL TABLET	Anticonvulsants- Seizure related ICD 10 codes will no longer bypass Prior authorization on Non-preferred Brands per DMMA requirement	
1/1/2025	Opioid Policy update	Policy updated MME limit from 90 MME to 50 MME per DMMA requirement	Opioid Policy Updated
December 2024	Lidocaine 5% patch	Prior Authorization Removed on Preferred lidocaine Products	Lidocaine Clinical Policy Retired