



An Independent Licensee of the Blue Cross Blue Shield Association

Current as of: 11/1/2024

## Highmark Wholecare Medicare Assured Formulary Changes

Please be aware that Highmark Wholecare Medicare Assured may need to change its current list of approved drugs (drug formulary) from time to time. Highmark Wholecare may add, revise or remove a drug, move a drug to a different cost-sharing tier, add specific rules for use, place quantity limits, require prior drug therapies, and/or apply other special criteria for use. When a change is made, Highmark Wholecare will notify members who take the drug at least 30 days prior to the effective date of change. However, please note that immediate removal of a drug from our Drug List may be required if the Food and Drug Administration (FDA) decides a drug is unsafe or if a manufacturer removes a drug from the market for any reason. Highmark Wholecare will also provide notice to members who are taking the drug in these instances. For **new generic drugs**, we may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. The complete drug formulary can be viewed at any time on our website at <https://highmarkwholecare.com/Medicare/Member-Tools/Medication-Benefits/Formulary-Medication>. The following changes are being provided for your information:

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
1/1/2024	EnilloRing 0.12-0.015MG/24 HR Vaginal Ring	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Glipizide 2.5MG Tablet	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Kalydeco 5.8MG Packet	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Kourzeq 0.1% Oral Paste	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Lagevrio 200MG Capsule	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Paxlovid 150-100MG Tablet	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Paxlovid 300-100MG Tablet	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Trientine 500MG Capsule	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Turqoz 0.3MG-30MCG Tablet	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2024	Zurzuva 20MG Capsule	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Zurzuva 25MG Capsule	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2024	Zurzuva 30MG Capsule	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Adalimumab-aacf Auto-Injector Kit 40 MG/0.8ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Aldurazyme Solution 2.9 MG/5ML Intravenous	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 25 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 50 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 75 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 100 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Amitriptyline HCl Tablet 150 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Augtyro Capsule 40 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Botox Solution Reconstituted 100 UNIT Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Botox Solution Reconstituted 200 UNIT Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Breyna Aerosol 80-4.5 MCG/ACT Inhalation	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Breyna Aerosol 160-4.5 MCG/ACT Inhalation	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Cabenuva Suspension Extended Release 400 & 600 MG/2ML Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Cabenuva Suspension Extended Release 600 & 900 MG/3ML Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Ciprodex Suspension 0.3-0.1 % Otic	Formulary Deletion	Formulary Reference File Deletion	Ciprofloxacin-Dexamthasone Susp 0.3-0.1% Otic	Tier 3
2/1/2024	Ciprofloxacin HCl Tablet 100 MG Oral	Formulary Deletion	Formulary Reference File Deletion	Ciprofloxacin Tablet 250mg Oral	Tier 1
2/1/2024	Cleocin Phosphate Solution 300 MG/2ML Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Cleocin Phosphate Solution 600 MG/4ML Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Cleocin Phosphate Solution 900 MG/6ML Injection	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Clindamycin Phosphate Solution 300 MG/2ML Injection	Formulary Deletion	Formulary Reference File Deletion	Cleocin Phosphate Solution 300 MG/2ML Injection	Tier 2
2/1/2024	Clobazam Suspension 2.5 MG/ML Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Clobazam Tablet 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Clobazam Tablet 20 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Compro Suppository 25 MG Rectal	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 25 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 50 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 75 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 100 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Capsule 150 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Concentrate 10 MG/ML Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
2/1/2024	Doxepin HCl Tablet 3 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Doxepin HCl Tablet 6 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Dysport Solution Reconstituted 300 UNIT Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Dysport Solution Reconstituted 500 UNIT Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Elaprase Solution 6 MG/3ML Intravenous	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Evrysdi Solution Reconstituted 0.75 MG/ML Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Flovent Diskus 50 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate Diskus 50 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent Diskus 100 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate Diskus 100 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent Diskus 250 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate Diskus 250 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent HFA Aerosol 44 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate HFA Aerosol 44 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent HFA Aerosol 110 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate HFA Aerosol 110 MCG/ACT Inhalation	Tier 2
2/1/2024	Flovent HFA Aerosol 220 MCG/ACT Inhalation	Formulary Deletion	Generic Available	Fluticasone Propionate HFA Aerosol 220 MCG/ACT Inhalation	Tier 2
2/1/2024	Fluticasone Propionate Diskus 50 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate Diskus 100 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate Diskus 250 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate HFA Aerosol 44 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate HFA Aerosol 110 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fluticasone Propionate HFA Aerosol 220 MCG/ACT Inhalation	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Fruzaqla Capsule 1 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Fruzaqla Capsule 5 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Idacio (2 Pen) Auto-Injector Kit 40 MG/0.8ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Idacio (2 Syringe) Prefilled Syringe Kit 40 MG/0.8ML SQ	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Idacio-Crohns/UC Starter Auto-Injector Kit 40 MG/0.8ML SQ	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Idacio-Psoriasis Starter Auto-Injector Kit 40 MG/0.8ML SQ	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Naglazyme Solution 1 MG/ML Intravenous	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Ogsiveo Tablet 50 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Opvee Solution 2.7 MG/0.1ML Nasal	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Pazopanib HCl Tablet 200 MG Oral	Formulary Addition	Generic Available	N/A	N/A
2/1/2024	Prochlorperazine Maleate Tablet 5 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Prochlorperazine Maleate Tablet 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Prochlorperazine Suppository 25 MG Rectal	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 50 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 150 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 200 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 300 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate ER Tablet 24 Hour 400 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 25 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 50 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 100 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 150 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 200 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 300 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Quetiapine Fumarate Tablet 400 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Rozlytrek Packet 50 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Sympazan Film 5 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Sympazan Film 10 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Sympazan Film 20 MG Oral	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
2/1/2024	Trientine HCl Capsule 500 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2024	Truqap Tablet 160 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Truqap Tablet 200 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Votrient Tablet 200 MG Oral	Formulary Deletion	Generic Available	Pazopanib HCl Tablet 200 MG Oral	Tier 5
2/1/2024	Xalkori Capsule Sprinkle 20 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Xalkori Capsule Sprinkle 50 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2024	Xalkori Capsule Sprinkle 150 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2024	Condylox Gel 0.5 %	Formulary Deletion	Generic Available	Podofilox Gel 0.5%	Tier 4
3/1/2024	Iwifin Tablet 192 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
3/1/2024	Podofilox Gel 0.5 % External	Formulary Addition	Generic Available	N/A	Tier 4
3/1/2024	Zenpep Capsule DR Particles 60000-189600 UNIT Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
4/1/2024	Bosulif Capsule 100 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Bosulif Capsule 50 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Paromomycin Sulfate Capsule 250 MG Oral	Formulary Deletion	No Longer Available	N/A	N/A
4/1/2024	Penbraya Suspension Reconstituted Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Risperdal Consta Susp Reconstituted ER 12.5 MG IM	Formulary Deletion	Generic Available	Risperidone ER Suspension Reconstituted ER 12.5 MG IM	Tier 3
4/1/2024	Risperdal Consta Susp Reconstituted ER 25 MG IM	Formulary Deletion	Generic Available	Risperidone ER Suspension Reconstituted ER 25 MG IM	Tier 3
4/1/2024	Risperdal Consta Susp Reconstituted ER 37.5 MG IM	Formulary Deletion	Generic Available	Risperidone ER Suspension Reconstituted ER 37.5 MG IM	Tier 5
4/1/2024	Risperdal Consta Susp Reconstituted ER 50 MG IM	Formulary Deletion	Generic Available	Risperidone ER Suspension Reconstituted ER 50 MG IM	Tier 5
4/1/2024	Risperidone ER Suspension Reconstituted ER 12.5 MG IM	Formulary Addition	Generic Available	N/A	N/A
4/1/2024	Risperidone ER Suspension Reconstituted ER 25 MG IM	Formulary Addition	Generic Available	N/A	N/A
4/1/2024	Risperidone ER Suspension Reconstituted ER 37.5 MG IM	Formulary Addition	Generic Available	N/A	N/A
4/1/2024	Risperidone ER Suspension Reconstituted ER 50 MG IM	Formulary Addition	Generic Available	N/A	N/A
4/1/2024	Xolair Solution Auto-Injector 150 MG/ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Xolair Solution Auto-Injector 300 MG/2ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Xolair Solution Auto-Injector 75 MG/0.5ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2024	Xolair Solution Prefilled Syringe 300 MG/2ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2024	Ixchiq Solution Reconstituted Intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2024	Korlym Tablet 300MG Oral	Formulary Deletion	Generic Available	Mifepristone Tablet 300MG Oral	Tier 5
5/1/2024	Mifepristone Tablet 300MG Oral	Formulary Addition	Generic Available	N/A	N/A
5/1/2024	Natpara Cartridge 25 MCG Subcutaneous	Formulary Deletion	No Longer Available	N/A	N/A
5/1/2024	Natpara Cartridge 50 MCG Subcutaneous	Formulary Deletion	No Longer Available	N/A	N/A
5/1/2024	Natpara Cartridge 75 MCG Subcutaneous	Formulary Deletion	No Longer Available	N/A	N/A
5/1/2024	Natpara Cartridge 100 MCG Subcutaneous	Formulary Deletion	No Longer Available	N/A	N/A
6/1/2024	Eohilia Suspension 2 MG/10ML Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2024	Fabhalta Capsule 200 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2024	Filsuvez Gel 10 % External	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2024	Methylphenidate HCl ER (OSM) Tab Extended Release 27 MG Oral	Formulary Update	Down Tiering	N/A	N/A
6/1/2024	Methylphenidate HCl ER (OSM) Tab Extended Release 36 MG Oral	Formulary Update	Down Tiering	N/A	N/A
6/1/2024	Methylphenidate HCl ER (OSM) Tab Extended Release 54 MG Oral	Formulary Update	Down Tiering	N/A	N/A
6/1/2024	Motpoly XR Capsule Extended Release 24 Hour 150 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2024	Motpoly XR Capsule Extended Release 24 Hour 200 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2024	Nitroglycerin Ointment 0.4 % Rectal	Formulary Addition	Generic Available	N/A	N/A
6/1/2024	Rectiv Ointment 0.4 % Rectal	Formulary Deletion	Generic Available	Nitroglycerin Ointment 0.4 % Rectal	Tier 4
7/1/2024	Baqsimi Two Pack Powder 3 MG/DOSE Nasal	Formulary Addition	Additional Formulary Option	N/A	Tier 3
7/1/2024	Motpoly XR Capsule Extended Release 24 Hour 100 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 4
7/1/2024	Ogsiveo Tablet 100 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Ogsiveo Tablet 150 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Ojemda Suspension Reconstituted 25 MG/ML Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Ojemda Tablet 100 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Rezdifra Tablet 60 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Rezdifra Tablet 80 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Rezdifra Tablet 100 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Stelara SOLUTION 45 MG/0.5ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Stelara Solution Prefilled Syringe 45 MG/0.5ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Stelara Solution Prefilled Syringe 90 MG/ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Tremfya Solution Pen-Injector 100 MG/ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Tremfya Solution Prefilled Syringe 100 MG/ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Winrevair Kit 2 x 45 MG Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Winrevair Kit 2 x 60 MG Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Winrevair Kit 45 MG Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Winrevair Kit 60 MG Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Xcopri Tablet 25 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2024	Yargesa Capsule 100 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
8/1/2024	Fasenra Solution Prefilled Syringe 10 MG/0.5ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
8/1/2024	Ingrezza Capsule Sprinkle 40 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
8/1/2024	Ingrezza Capsule Sprinkle 60 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
8/1/2024	Ingrezza Capsule Sprinkle 80 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
8/1/2024	Libervant Film 5 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2024	Libervant Film 5 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2024	Libervant Film 7.5 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
8/1/2024	Libervant Film 7.5 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2024	Libervant Film 10 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2024	Libervant Film 10 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2024	Libervant Film 12.5 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2024	Libervant Film 12.5 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2024	Libervant Film 15 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2024	Libervant Film 15 MG Buccal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2024	Spevigo Solution Prefilled Syringe 150 MG/ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	Tier 5
8/1/2024	Varenicline Tartrate Tablet 1 MG Oral (56 pack)	Formulary Addition	Additional Formulary Option	N/A	Tier 3
9/1/2024	Abilify Asimtufii Inj 720MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Abilify Asimtufii Inj 960MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Abilify Maintena Inj 300MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Abilify Maintena Inj 400MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Austedo XR Tablet 30MG ER	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Austedo XR Tablet 36MG ER	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Austedo XR Tablet 42MG ER	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Austedo XR Tablet 48MG ER	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Invega Hafyera Inj 1092MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Hafyera Inj 1560MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Sustenna Inj 117/0.75	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Sustenna Inj 156MG/ML	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Sustenna Inj 234/1.5	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Sustenna Inj 39/0.25	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Sustenna Inj 78/0.5ML	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Trinza Inj 273MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Trinza Inj 410MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Trinza Inj 546MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Invega Trinza Inj 819MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Kionex Suspension 15GM/60	Formulary Addition	Additional Formulary Option	N/A	Tier 2
9/1/2024	Micafungin Inj NaCl 50MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Micafungin Inj NaCl 100MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Myhibbin Suspension 200MG/ML	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Naloxone Solution Prefilled Syringe Inj 0.4MG/ML	Formulary Addition	Additional Formulary Option	N/A	Tier 2
9/1/2024	Perseris Inj 120MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Perseris Inj 90MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Rinvoq LQ Solution 1MG/ML	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Risperidone Inj 12.5MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Risperidone Inj 25MG ER	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Risperidone Inj 37.5MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Risperidone Inj 50MG ER	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Scemblix Tablet 100MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Sterlara Inj SC 45MG/0.5	Quantity Limit Update	Time Change on Quantity Limit	N/A	Tier 5
9/1/2024	Sterlara Inj SC 90MG/ML	Quantity Limit Update	Time Change on Quantity Limit	N/A	Tier 5
9/1/2024	Uzedy Inj 100MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Uzedy Inj 125MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Uzedy Inj 150MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Uzedy Inj 200MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Uzedy Inj 250MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Uzedy Inj 50MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Uzedy Inj 75MG	Prior Auth Update	Removal of Prior Authorization	N/A	N/A
9/1/2024	Vioice Packet 50MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Xolremdi Capsule 100MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Zemaira Inj 4000MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2024	Zemaira Inj 5000MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2024	Entresto Sprinkle Capsule 6-6MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2024	Entresto Sprinkle Capsule 15-16MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2024	Endari Powder 5gm	Formulary Deletion	Generic Available	L-Glutamine Powder 5gm	Tier 5
10/1/2024	L-Glutamine Powder 5gm	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2024	Torpenz Tablet 2.5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2024	Torpenz Tablet 5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
10/1/2024	Torpenz Tablet 7.5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2024	Torpenz Tablet 10MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2024	Tridacaine Patch 5%	Formulary Addition	Additional Formulary Option	N/A	Tier 2
11/1/2024	AUSTEDO XR TAB 18MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2024	AUSTEDO XR TAB TITR KIT	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2024	AZURETTE TAB	Formulary Addition	Additional Formulary Option	N/A	Tier 2
11/1/2024	GAVILYTE-N SOL FLAV PK	Formulary Addition	Additional Formulary Option	N/A	Tier 2
11/1/2024	IVABRADINE TAB 5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 4
11/1/2024	IVABRADINE TAB 7.5MG	Formulary Addition	Additional Formulary Option	N/A	Tier 4
11/1/2024	MRESVIA INJ 50MCG	Formulary Addition	Additional Formulary Option	N/A	Tier 4
11/1/2024	OJEMDA TAB 100MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2024	RETEVMO TAB 120MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2024	RETEVMO TAB 160MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2024	RETEVMO TAB 40MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2024	RETEVMO TAB 80MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2024	TALTZ INJ 20/0.25	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2024	TALTZ INJ 40/0.5ML	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2024	VIGAFYDE SOL 100MG/ML	Formulary Addition	Additional Formulary Option	N/A	Tier 5