Molina Healthcare Marketplace

2024 Formulary Changes Effective July 1, 2024

Drug Name	Description of Formulary Change	Notes/Alternatives
ARIPIPRAZOLE SOL 1MG/ML	Update to Generic Tier (1) Cost Sharing	
ARIPIPRAZOLE TAB 10MG	Update to Generic Tier (1) Cost Sharing	
ARIPIPRAZOLE TAB 15MG	Update to Generic Tier (1) Cost Sharing	
ARIPIPRAZOLE TAB 20MG	Update to Generic Tier (1) Cost Sharing	
ARIPIPRAZOLE TAB 2MG	Update to Generic Tier (1) Cost Sharing	
ARIPIPRAZOLE TAB 30MG	Update to Generic Tier (1) Cost Sharing	
ARIPIPRAZOLE TAB 5MG	Update to Generic Tier (1) Cost Sharing	
ASENAPINE SUB 10MG	Remove PA	
ASENAPINE SUB 2.5MG	Remove PA	
ASENAPINE SUB 5MG	Remove PA	
DOPTELET TABS 20MG	Add to formulary, Specialty Tier (3) Cost Sharing, with PA and QL	
GUANFACINE TAB 1MG ER	Update to Generic Tier (1) Cost Sharing	
GUANFACINE TAB 2MG ER	Update to Generic Tier (1) Cost Sharing	
GUANFACINE TAB 3MG ER	Update to Generic Tier (1) Cost Sharing	
GUANFACINE TAB 4MG ER	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 10MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 15MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 2.5MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 20MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 5MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 7.5MG	Update to Generic Tier (1) Cost Sharing	

Drug Name	Description of Formulary Change	Notes/Alternatives
PREGABALIN CAP 100MG	Remove PA	
PREGABALIN CAP 150MG	Remove PA	
PREGABALIN CAP 200MG	Remove PA	
PREGABALIN CAP 225MG	Remove PA	
PREGABALIN CAP 25MG	Remove PA	
PREGABALIN CAP 300MG	Remove PA	
PREGABALIN CAP 50MG	Remove PA	
PREGABALIN CAP 75MG	Remove PA	
TAVALISSE TABS 100MG	Add to formulary, Specialty Tier (3) Cost Sharing, with PA and QL	
TAVALISSE TABS 150MG	Add to formulary, Specialty Tier (3) Cost Sharing, with PA and QL	
VALSARTAN TAB 40MG	QL updated to 2 per day	

PA = Prior Authorization **QL =** Quantity Limits **ST =** Step Therapy **INF =** $0 Cost sharing when prescribed for certain infections **BH** - $0 Cost sharing when prescribed for mental or behavioral health

Molina Healthcare Marketplace

2024 Formulary Changes Effective April 1, 2024

Drug Name	Description of Formulary Change	Notes/Alternatives
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
FREESTYLE LIBRE 3 READER DEVICE	Add to formulary, Durable Medical Equipment (DME) Cost Sharing, with PA and QL	
FREESTYLE LIBRE 3 SENSOR	Add to formulary, Durable Medical Equipment (DME) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
NARCAN NASAL LIQUID 4 MG/0.1ML OTC	Add to formulary, Generic Tier (1) Cost Sharing	

Drug Name	Description of Formulary Change	Notes/Alternatives
OXANDROLONE ORAL TABLET 2.5 MG	Remove from formulary, FDA removed from market	Please contact your doctor
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	

PA = Prior Authorization **QL =** Quantity Limits **ST =** Step Therapy **INF =** $0 Cost sharing when prescribed for certain infections **BH** - $0 Cost sharing when prescribed for mental or behavioral health

Molina Healthcare Marketplace

2024 Formulary Changes Effective January 1, 2024

Drug Name	Description of Formulary Change	Notes/Alternatives
*ALCOHOL SWABS***	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
*RESPIRATORY THERAPY SUPPLIES - DEVICES**	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
ABACA/LAMIVU TAB 600-300	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ABACAVIR SOL 20MG/ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ABACAVIR TAB 300MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ABILIFY MAIN INJ 300MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABILIFY MAIN INJ 300MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABILIFY MAIN INJ 400MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABILIFY MAIN INJ 400MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABREVA CRE 10%	Remove Brand Version from Formulary	Generic Covered
Acetaminophen Suppos 325 MG	Add to formulary, preferred generic tier	
ACYCLOVIR CAP 200MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ACYCLOVIR TAB 400MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
ACYCLOVIR TAB 800MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ADEFOV DIPIV TAB 10MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ADULT MASK MIS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Advair Diskus AEPB 100-50MCG/DOSE	Remove Brand Version from Formulary	Generic Covered
Advair Diskus AEPB 250-50MCG/DOSE	Remove Brand Version from Formulary	Generic Covered
Advair Diskus AEPB 500-50MCG/DOSE	Remove Brand Version from Formulary	Generic Covered
Advair HFA AERO 115-21MCG/ACT	Remove Brand Version from Formulary	Generic Covered
Advair HFA AERO 230-21MCG/ACT	Remove Brand Version from Formulary	Generic Covered
Advair HFA AERO 45-21MCG/ACT	Remove Brand Version from Formulary	Generic Covered
AMOXICILLIN CAP 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AMOXICILLIN CAP 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AMOXICILLIN CHW 125MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AMOXICILLIN CHW 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AMOXICILLIN SUS 125/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AMOXICILLIN SUS 200/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
AMOXICILLIN SUS 250/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AMOXICILLIN SUS 400/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AMOXICILLIN TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AMOXICILLIN TAB 875MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AMPICILLIN CAP 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
APOKYN INJ 10MG/ML	Remove Brand Version from Formulary	Generic Covered
APTIVUS CAP 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ARISTADA INJ 1064MG	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ 441MG/1.	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ 662MG/2	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ 882MG/3	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ INITIO	Remove provider-administered drug from prescription drug list	Covered under medical
ATAZANAVIR CAP 150MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ATAZANAVIR CAP 200MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ATAZANAVIR CAP 300MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AUBAGIO TAB 14MG	Remove Brand Version from Formulary	Generic Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
AUBAGIO TAB 7MG	Remove Brand Version from Formulary	Generic Covered
AVSOLA INJ 100MG	Remove provider-administered drug from prescription drug list	Covered under medical
AZASITE SOL 1%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN POW 1GM PAK	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN SUS 100/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN SUS 200/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN TAB 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN TAB 600MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
BARACLUDE SOL	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
BEDDING SPRA AER 0.5%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Benadryl Allergy Con Ultratabs TABS 25-10MG	Add to formulary, preferred brand tier	Over-the-Counter covered with prescription
BESIVANCE SUS 0.6%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Biktarvy TABS 30-120-15MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
BIKTARVY TAB	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
BOTOX INJ 100UNIT	Remove provider-administered drug from prescription drug list	Covered under medical
BOTOX INJ 200UNIT	Remove provider-administered drug from prescription drug list	Covered under medical
BROVANA NEB 15MCG	Remove Brand Version from Formulary	Generic Covered
Brukinsa CAPS 80MG	Remove from formulary	
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	Add generic (SYMBICORT), non-preferred generic tier, Quantity Limit	
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Add generic (SYMBICORT), non-preferred generic tier, Quantity Limit	
Butenafine HCl CREA 1%	Add to formulary, preferred generic tier	Over-the-counter product covered with prescription
Cabometyx TABS 20MG	Remove from formulary	
Cabometyx TABS 40MG	Remove from formulary	
Cabometyx TABS 60MG	Remove from formulary	
CEFIXIME CAP 400MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CEFIXIME SUS 100/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CEFIXIME SUS 200/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CEFTRIAXONE INJ 1GM	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CHANTIX PAK 0.5& 1MG	Remove Brand Version from Formulary	Generic Covered
CHANTIX PAK 1MG	Remove Brand Version from Formulary	Generic Covered
CHANTIX TAB 0.5MG	Remove Brand Version from Formulary	Generic Covered
CHEMSTRIP K TEST STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with

Drug Name	Description of Formulary Change	Notes/Alternatives
		"Durable Medical Equipment" cost-sharing rate under plan
CIMDUO TAB 300-300	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CINACALCET TAB 30MG	Tier change from specialty to non-preferred drug (generic) tier	
CINACALCET TAB 60MG	Tier change from specialty to non-preferred drug (generic) tier	
CINACALCET TAB 90MG	Tier change from specialty to non-preferred drug (generic) tier	
CIPROFLOXACN SOL 0.3% OP	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CIPROFLOXACN TAB 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CIPROFLOXACN TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CIPROFLOXACN TAB 750MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CLARITHROMYC SUS 125/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CLARITHROMYC SUS 250/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CLARITHROMYC TAB 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CLARITHROMYC TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CLINDAMYCIN CRE 2% VAG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
CLOTRIMAZOLE CRE 1% VAG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
CLOTRIMAZOLE CRE 2%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
COMETRIQ KIT 100MG	Remove from formulary	
COMETRIQ KIT 140MG	Remove from formulary	
COMETRIQ KIT 60MG	Remove from formulary	
COMPLERA TAB	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
COMPLETE KIT LICE	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
COPAXONE 20 MG	Remove Brand Version from Formulary	Generic Covered; Please note COPAXONE 40 MG remains on formulary for 2024
CRIXIVAN CAP 200MG	Remove Brand Version from Formulary	Generic Covered
CRIXIVAN CAP 400MG	Remove Brand Version from Formulary	Generic Covered
CYSTADANE POW	Remove Brand Version from Formulary	Generic Covered
DALIRESP TAB 250MCG	Remove Brand Version from Formulary	Generic Covered
DALIRESP TAB 500MCG	Remove Brand Version from Formulary	Generic Covered
DELSTRIGO TAB 100-300-300	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
DENAVIR CRE 1%	Remove Brand Version from Formulary	Generic Covered
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with

Drug Name	Description of Formulary Change	Notes/Alternatives
		"Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS TRANSMIT	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G6 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G6 MIS SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G6 MIS TRANSMIT	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DOVATO TAB 50-300MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
DOXYCYC MONO CAP 100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
DOXYCYC MONO TAB 100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Dupixent SOSY 100MG/0.67ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 200/1.14ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 200MG	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 300/2ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 300/2ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
EDURANT TAB 25MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EFAVIRENZ CAP 200MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EFAVIRENZ CAP 50MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EFAVIRENZ TAB 600MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EMTR/TENOFOV TAB 100-150	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EMTR/TENOFOV TAB 133-200	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EMTR/TENOFOV TAB 167-250	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EMTR/TENOFOV TAB 200-300	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EMTRICITABINE CAPS 200 MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
EMTRIVA SOL 10MG/ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ENTECAVIR TAB 0.5MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
ENTECAVIR TAB 1MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERY-TAB TAB 250MG EC	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERY-TAB TAB 333MG EC	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERY-TAB TAB 500MG EC	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERYTHROCIN TAB 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERYTHROM ETH SUS 200/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERYTHROM ETH SUS 400/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERYTHROM ETH TAB 400MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERYTHROMYCIN OIN OP	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERYTHROMYCIN TAB 250MG BS	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ERYTHROMYCIN TAB 500MG BS	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ESBRIET CAP 267MG	Remove Brand Version from Formulary	Generic Covered
ESBRIET TAB 267MG	Remove Brand Version from Formulary	Generic Covered
ESBRIET TAB 801MG	Remove Brand Version from Formulary	Generic Covered
ETRAVIRINE TAB 100 MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
ETRAVIRINE TAB 200 MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Eucrisa OINT 2%	Add to formulary, non-preferred brand tier, Prior Authorization Required, Quantity Limit	100 gm per 30 days
EVOTAZ TAB 300-150	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
FAMCICLOVIR TAB 125MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
FAMCICLOVIR TAB 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
FAMCICLOVIR TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Fasenra SOSY 30MG/ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
Fasenra Pen SOAJ 30MG/ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
FIBRICOR TAB 35MG	Remove from formulary	Generic fenofibrate covered
FLUCONAZOLE TAB 150MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
FLUPHENAZ DE INJ 25MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	Add generic (FLOVENT), non-preferred generic tier, Quantity Limit	
FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	Add generic (FLOVENT), non-preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit	

Drug Name	Description of Formulary Change	Notes/Alternatives
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	Add generic (ADVAIR HFA), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	Add generic (ADVAIR HFA), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	Add generic (ADVAIR HFA), preferred generic tier, Quantity Limit	
FORTEO SOL 600/2.4	Remove Brand Version from Formulary	Generic Covered
FOSAMPRENAVI TAB 700MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
FREESTY LIBR KIT 2 SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTY LIBR MIS 2 READER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE KIT SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE KIT SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FreeStyle Libre 3 Sensor MISC	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE MIS READER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan

Drug Name	Description of Formulary Change	Notes/Alternatives
FREESTYLE MIS READER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FUZEON INJ 90MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
GATIFLOXACIN SOL 0.5%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
GENTAMICIN SOL 0.3% OP	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
GENVOYA TAB	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
GILENYA CAP 0.5MG	Remove Brand Version from Formulary	Generic Covered
GLATIRAMER 20 MG	Add Generic for COPAXONE 20 mg to formulary, specialty tier	
GLATOPA 20 MG	Add Generic for COPAXONE 20 mg to formulary, specialty tier	
GYNAZOLE-1 CRE 2%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
HALOPER DEC INJ 100MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
HALOPER DEC INJ 50MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
Hepatitis treatment drugs	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Herzuma SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Herzuma SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
HETLIOZ CAP 20MG	Remove Brand Version from Formulary	Generic Covered
HIV ANTIRETROVIRALS	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
Humira Pediatric Crohns Start PSKT 80 MG/0.8ML &40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pediatric Crohns Start PSKT 80MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen PNKT 40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen PNKT 40MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen PNKT 80MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen-Psor/Uveit Starter PNKT 80 MG/0.8ML &40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 10MG/0.1ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 10MG/0.2ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 20MG/0.2ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 20MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 40MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
HYDROXY CAPR INJ 1.25/5ML	Remove provider-administered drug from prescription drug list	Covered under medical
HYDROXYPROG INJ 250MG/ML	Remove from formulary; no longer FDA-approved	
IMIQUIMOD CRE 5%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
INFLECTRA INJ 100MG	Remove provider-administered drug from prescription drug list	Covered under medical
INTELENCE TAB 25MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
INVEGA SUST INJ 117/0.75	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 156MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 234/1.5	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 39/0.25	Remove provider-administered drug from prescription drug list	Covered under medical

Drug Name	Description of Formulary Change	Notes/Alternatives
INVEGA SUST INJ 78/0.5ML	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 273MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 410MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 546MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 819MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVIRASE TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ISENTRESS CHW 100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ISENTRESS CHW 25MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ISENTRESS HD TAB 600MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ISENTRESS POW 100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ISENTRESS TAB 400MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Ivermectin LOTN 0.5%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
JULUCA TAB 50-25MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
KALETRA TAB 100-25MG	Remove Brand Version from Formulary	Generic Covered
KALETRA TAB 200-50MG	Remove Brand Version from Formulary	Generic Covered
Kanjinti SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Kanjinti SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical

Drug Name	Description of Formulary Change	Notes/Alternatives
KISQALI TAB 200DOSE	Remove from formulary	
KISQALI TAB 400DOSE	Remove from formulary	
KISQALI TAB 600DOSE	Remove from formulary	
KISQALI 200 PAK FEMARA	Remove from formulary	
KISQALI 400 PAK FEMARA	Remove from formulary	
KISQALI 600 PAK FEMARA	Remove from formulary	
Kuvan PACK 100MG	Remove Brand Version from Formulary	Generic Covered
LAMIVUD/ZIDO TAB 150-300	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LAMIVUDINE SOL 10MG/ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LAMIVUDINE TAB 100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LAMIVUDINE TAB 150MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LAMIVUDINE TAB 300MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LATUDA TAB 120MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 20MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 40MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 60MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 80MG	Remove Brand Version from Formulary	Generic Covered
LEDIP-SOFOSB TAB 90-400MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
LEVOFLOXACIN SOL 0.5%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LEVOFLOXACIN SOL 25MG/ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LEVOFLOXACIN TAB 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LEVOFLOXACIN TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LEVOFLOXACIN TAB 750MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LICE KILLING SHA	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LICE TREATMT LOT 1%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LICE TRTMNT LIQ	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LICE TRTMNT LIQ 1%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LINDANE SHA 1%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LONSURF TAB 15-6.14	Remove from formulary	
LONSURF TAB 20-8.19	Remove from formulary	
LOPIN/RITON TAB 100-25MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LOPIN/RITON TAB 200-50MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
LOPIN/RITON SOL 80-20/ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
LOTEMAX GEL 0.5%	Remove Brand Version from Formulary	Generic Covered
LUPANETA KIT 11.25-5	Remove provider-administered drug from prescription drug list	Covered under medical
LUPANETA KIT 3.75-5	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 15MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 3M 30MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 7.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 22.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 3.75MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 7.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
MAG64 TAB 64MG	Remove Brand Version from Formulary	Generic Covered
Magdelay TBEC 70MG	Remove Brand Version from Formulary	Generic Covered
MALATHION LOT 0.5%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MARAVIROC TAB 150 MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MARAVIROC TAB 300 MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MAYZENT TAB 0.25MG	Remove from formulary	Fingolimod Covered
MAYZENT TAB 2MG	Remove from formulary	Fingolimod Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
METRONIDAZOL TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
metroNIDAZOLE GEL 0.75%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MICONAZOLE 3 CRE 4%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MICONAZOLE 3 KIT COMBO	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MICONAZOLE 3 KIT COMBO PK	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MICONAZOLE 7 CRE 2%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MICONAZOLE 7 SUP 100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MIRVASO GEL 0.33%	Remove Brand Version from Formulary	Generic Covered
Monistat 7 Complete Therapy KIT 100-2MG-%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MONISTAT 7 KIT COMBO PK	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MOXIFLOXACIN INJ 400/250	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MOXIFLOXACIN SOL HCL 0.5%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
MOXIFLOXACIN TAB 400MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Naftin GEL 1%	Add to formulary, non-preferred brand tier	
NARCAN SPR	Remove Brand Version from Formulary	Generic Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
NEVIRAPINE SUS 50MG/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
NEVIRAPINE TAB 100MG ER	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
NEVIRAPINE TAB 200MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
NEVIRAPINE TAB 400MG ER	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
NEXAVAR TAB 200MG	Remove Brand Version from Formulary	Generic Covered
NP THYROID TAB 120MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TAB 15MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TABS 30MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TABS 60MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TABS 90MG	No longer generic; Tier change from generic to preferred brand tier	
ODEFSEY TAB	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
OFLOXACIN DRO 0.3% OP	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Ogivri SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Ogivri SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
Ontruzant SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical

Drug Name	Description of Formulary Change	Notes/Alternatives
Ontruzant SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
ORFADIN CAP 20MG	Remove Brand Version from Formulary	Generic Covered
PAXLOVID TAB 300-100	Change tier to PREV tier	
PAXLOVID PACK	Change tier to PREV tier	
PEGASYS INJ 180MCG/M	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PEGASYS INJ	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PEGASYS INJ 180MCG/M	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PEGASYS INJ PROCLICK	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PENICILLN VK TAB 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PENICILLN VK TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PERMETHRIN CRE 5%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PIFELTRO TAB 100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Pimecrolimus CREA 1%	Add to formulary, non-preferred generic tier, Quantity Limit	100 gm per 30 days
PODOFILOX SOL 0.5%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PREZCOBIX TAB 800-150	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PREZISTA SUS 100MG/ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
PREZISTA TAB 150MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PREZISTA TAB 600MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PREZISTA TAB 75MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PREZISTA TAB 800MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
PROLIA SOL 60MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
Regenecare HA Spray GEL 2%	Add to formulary, preferred generic tier	
RELION TRUE TES METRIX STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
RELION TRUE TES METRIX STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
RENFLEXIS INJ 100MG	Remove provider-administered drug from prescription drug list	Covered under medical
RIBAVIRIN CAP 200MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
RIBAVIRIN TAB 200MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
RID LICE KIL SHA 0.33-4%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
RIFATER TAB	Remove Brand Version from Formulary	Generic Covered
Rinvoq TB24 15MG	Remove from Formulary	
Rinvoq TB24 30MG	Remove from Formulary	
Rinvoq TB24 45MG	Remove from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
RISPERDAL INJ 12.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
RISPERDAL INJ 25MG	Remove provider-administered drug from prescription drug list	Covered under medical
RISPERDAL INJ 37.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
RISPERDAL INJ 50MG	Remove provider-administered drug from prescription drug list	Covered under medical
RITONAVIR TAB 100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
RUKOBIA TAB 600MG ER	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Ruxience SOLN 100MG/10ML	Remove provider-administered drug from prescription drug list	Covered under medical
Ruxience SOLN 500MG/50ML	Remove provider-administered drug from prescription drug list	Covered under medical
SALMETEROL XINAFOATE AER POW BA 50 MCG/DOSE (BASE EQUIV)	Add pending generic (SEREVENT), preferred generic tier, Quantity Limit	
SANDOSTATIN KIT LAR 10MG	Remove provider-administered drug from prescription drug list	Covered under medical
SANDOSTATIN KIT LAR 20MG	Remove provider-administered drug from prescription drug list	Covered under medical
SANDOSTATIN KIT LAR 30MG	Remove provider-administered drug from prescription drug list	Covered under medical
SAPROPTERIN POW 500MG	Add generic to formulary, specialty tier, Prior Authorization Required	
SELZENTRY SOL 20MG/ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
SELZENTRY TAB 25MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
SELZENTRY TAB 75MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
SEREVENT DIS AER 50MCG	Remove Brand Version from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
SIDESTREAM MIS PED MASK	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Skyrizi (150 MG Dose) PSKT 75MG/0.83ML	Remove from Formulary	
Skyrizi Pen SOAJ 150MG/ML	Remove from Formulary	
Skyrizi SOCT 180MG/1.2ML	Remove from Formulary	
Skyrizi SOCT 360MG/2.4ML	Remove from Formulary	
Skyrizi SOLN 600MG/10ML	Remove from Formulary	
Skyrizi SOSY 150MG/ML	Remove from Formulary	
SOFOS/VELPAT TAB 400-100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
SOVALDI TAB 400MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
SPINOSAD SUS 0.9%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
SPIRIVA HANDIHALER	Remove Brand Version from Formulary	
Spiriva Respimat AERS 1.25MCG/ACT	Change tier to non-preferred brand tier, add prior authorization	Incruse Ellipta, Trelegy Ellipta (3-combo), and Breztri (3-combo) covered
Spiriva Respimat AERS 2.5MCG/ACT	Change tier to non-preferred brand tier, add prior authorization	Incruse Ellipta, Trelegy Ellipta (3-combo), and Breztri (3-combo) covered
STAVUDINE CAP 15MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
STAVUDINE CAP 20MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
STAVUDINE CAP 30MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
STAVUDINE CAP 40MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
STRIBILD TAB	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Sudafed Childrens LIQD 15MG/5ML	Add to formulary, preferred brand tier	Over-the-Counter covered with prescription
SUPREP BOWEL SOL PREP KIT	Remove Brand Version from Formulary	Generic Covered
SYMBICORT AER 160-4.5	Remove Brand Version from Formulary	Generic Covered
SYMBICORT AER 80-4.5	Remove Brand Version from Formulary	Generic Covered
SYMTUZA TAB	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TARGRETIN GEL 1%	Remove Brand Version from Formulary	Generic Covered
Tavaborole SOLN 5%	Add to formulary, non-preferred generic tier, Quantity Limit	10 mL per 30 days
TAZORAC CRE 0.05%	Remove Brand Version from Formulary	Generic Covered
TAZORAC GEL 0.05%	Remove Brand Version from Formulary	Generic Covered
TAZORAC GEL 0.1%	Remove Brand Version from Formulary	Generic Covered
TENOFOVIR TAB 300MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TERCONAZOLE CRE 0.4%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TERCONAZOLE CRE 0.8%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TERCONAZOLE SUP 80MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TETRACYCLINE CAP 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
THYROGEN INJ 1.1MG	Remove provider-administered drug from prescription drug list	Covered under medical
TINIDAZOLE TAB 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TINIDAZOLE TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TIOCONAZOLE OIN 6.5% VAG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	Add pending generic (SPIRIVA HANDIHALER), preferred generic tier, Quantity Limit	
Tivicay PD TBSO 5MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TIVICAY TAB 10MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TIVICAY TAB 25MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TIVICAY TAB 50MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TOBRAMYCIN SOL 0.3% OP	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TOVIAZ TAB 4MG	Remove Brand Version from Formulary	Generic Covered
TOVIAZ TAB 8MG	Remove Brand Version from Formulary	Generic Covered
Trazimera SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Trazimera SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
TRELSTAR MIX INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
TRELSTAR MIX INJ 3.75MG	Remove provider-administered drug from prescription drug list	Covered under medical

Drug Name	Description of Formulary Change	Notes/Alternatives
Triumeq PD TBSO 60-5-30MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TRIUMEQ TAB 600-500-300	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
Trizivir TABS 300-150-300MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TRUE METRIX TES GLUCOSE STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
TRUE METRIX TES GLUCOSE STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Truxima SOLN 100MG/10ML	Remove provider-administered drug from prescription drug list	Covered under medical
Truxima SOLN 500MG/50ML	Remove provider-administered drug from prescription drug list	Covered under medical
TYBOST TAB 150MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
TYSABRI INJ 300/15ML	Remove provider-administered drug from prescription drug list	Covered under medical
VALACYCLOVIR TAB 1GM	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
VALACYCLOVIR TAB 500MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
VELTIN GEL	Remove Brand Version from Formulary	Generic Covered
VEMLIDY TAB 25MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
VEREGEN OIN 15%	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
VIEKIRA PAK TAB	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
VIMPAT SOL 10MG/ML	Remove Brand Version from Formulary	Generic Covered
VIRACEPT TAB 250MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
VIRACEPT TAB 625MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
VIVITROL INJ 380MG	Remove provider-administered drug from prescription drug list	Covered under medical
VOSEVI TAB	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
VRAYLAR CAP 1.5MG	Remove from formulary	
VRAYLAR CAP 3MG	Remove from formulary	
VRAYLAR CAP 4.5MG	Remove from formulary	
VRAYLAR CAP 6MG	Remove from formulary	
Vumerity CPDR 231MG	Remove from formulary	Dimethyl Fumarate Covered
Vumerity (Starter) CPDR 231MG	Remove from formulary	Dimethyl Fumarate Covered
XGEVA INJ	Remove provider-administered drug from prescription drug list	Covered under medical
XYREM SOL 500MG/ML	Remove Brand Version from Formulary	Generic Covered
ZEPATIER TAB 50-100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ZIDOVUDINE CAP 100MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ZIDOVUDINE SYP 50MG/5ML	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	
ZIDOVUDINE TAB 300MG	Add new indicator "INF" on formulary - $0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
ZIOPTAN DRO 0.0015%	Remove Brand Version from Formulary	Generic Covered
ZOLADEX IMP 10.8MG	Remove provider-administered drug from prescription drug list	Covered under medical
ZOLADEX IMP 3.6MG	Remove provider-administered drug from prescription drug list	Covered under medical
Zomig SOLN 2.5MG	Add to formulary, non-preferred brand tier, Step Therapy, Quantity Limit	Prior use of TWO: naratriptan, rizatriptan, sumatriptan
ZYPREXA RELP INJ 210MG	Remove provider-administered drug from prescription drug list	Covered under medical
ZYPREXA RELP INJ 300MG	Remove provider-administered drug from prescription drug list	Covered under medical
ZYPREXA RELP INJ 405MG	Remove provider-administered drug from prescription drug list	Covered under medical

PA = Prior Authorization **QL =** Quantity Limits **ST =** Step Therapy **INF =** $0 Cost sharing when prescribed for certain infections **BH** - $0 Cost sharing when prescribed for mental or behavioral health