New Mexico Marketplace

No Behavioral Health Cost-Sharing – Prescription Drugs

Your plan's formulary covers many drugs for Behavioral Health conditions. The term "Behavioral Health" applies to a mental illness, substance use disorder, or psychological trauma. "BH" on the formulary is short for "Behavioral Health". When a drug is marked "BH" on the formulary, and it is prescribed to treat a Behavioral Health condition you have, it is eligible for $0 cost-sharing under New Mexico rules. There are certain drugs marked "BH" that are mainly used to treat Medical Health conditions such as high blood pressure. These drugs are sometimes prescribed by Behavioral Health professionals to treat diagnosed Behavioral Health conditions. Tell your prescriber to specify in your prescription directions if you are taking one of these Medical Health drugs to treat a Behavioral Health condition.

New Mexico state rules say which drugs and drug categories $0 cost-sharing applies to when prescribed to treat a Behavioral Health condition. There are several systems for categorizing drugs. New Mexico rules use one system and your plan's drug list uses another. Below is a table that shows the New Mexico categories with categories used in your plan's formulary. The table below may mention drugs that are not covered on your plan's formulary list. Please check your plan's formulary drug list for which drugs are covered by your plan and if any coverage requirements apply.

Marketplace de New Mexico

Sin Costos Compartidos para Salud Conductual: Medicamentos Recetados

En el formulario de su plan, se incluyen varios medicamentos para afecciones de Salud Conductual. El término "Salud Conductual" se aplica a una enfermedad mental, trastorno por consumo de sustancias o trauma psicológico. La abreviatura "BH" que aparece en el formulario corresponde a "Salud Conductual". Cuando un medicamento está marcado como "BH" en el formulario y se receta para tratar una afección de Salud Conductual que usted padece, dicho medicamento es elegible para obtener $0 de costos compartidos de acuerdo con las reglas de New Mexico. Existen ciertos medicamentos marcados como "BH" que se utilizan principalmente para tratar afecciones médicas como la presión arterial alta. En ciertas ocasiones, estos medicamentos son recetados por especialistas de salud conductual para tratar afecciones de salud conductual diagnosticadas. Indíquele a su recetador que especifique en las instrucciones de su receta médica si usted toma uno de estos medicamentos para tratar una afección de salud conductual.

Las reglas del estado de New Mexico establecen los medicamentos y las categorías de medicamento a los que se aplican los costos compartidos de $0 cuando se recetan para tratar una afección de salud conductual. Existen varios sistemas para categorizar los medicamentos. Las reglas de New Mexico utilizan un sistema y la lista de medicamentos de su plan utiliza otro. A continuación, se presenta una tabla en la que se indican las categorías de New Mexico con las categorías utilizadas en el formulario de su plan. Es posible que en la tabla siguiente se mencionen medicamentos en la lista del formulario de su plan que no tienen cobertura. Consulte la lista de medicamentos del formulario de su plan para conocer los medicamentos que cubre su plan y si se aplican requisitos de cobertura.

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Acamprosate Calcium	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Agents for Chemical Dependency
Alprazolam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Amitriptyline Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Amoxapine	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Amphetamine	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Amphetamines
Aripiprazole	Antidepressants	Antidepressants, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Quinolinone Derivatives
Aripiprazole	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Quinolinone Derivatives
Aripiprazole	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Quinolinone Derivatives
Asenapine	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Asenapine	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Atomoxetine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Benztropine Mesylate	Antiparkinson Agents	Anticholinergics	ANTIPARKINSON AND RELATED THERAPY AGENTS	Antiparkinson Anticholinergics
Brexpiprazole	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Quinolinone Derivatives
Buprenorphine	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	ANALGESICS - OPIOID	Opioid Partial Agonists
Buprenorphine/ Naloxone Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	ANALGESICS - OPIOID	Opioid Partial Agonists
Bupropion Hydrobromide	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Antidepressants - Misc.

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Bupropion Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	ANTIDEPRESSANTS	Antidepressants - Misc.
Bupropion Hydrochloride	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Antidepressants - Misc.
Buspirone Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Carbamazepine	Anticonvulsants	Sodium Channel Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Carbamazepine	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Anticonvulsants - Misc.
Cariprazine Hydrochloride	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Chlordiazepoxide	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Chlordiazepoxide/Amitriptyline Hydrochloride	Antidepressants	Antidepressants, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Combination Psychotherapeutics
Chlorpromazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Citalopram Hydrobromide	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Clomipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Clonazepam	Anxiolytics	Benzodiazepines	ANTICONVULSANTS	Anticonvulsants - Benzodiazepines
Clonidine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Clorazepate Dipotassium	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines

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Clozapine	Antipsychotics	Treatment-Resistant	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Desipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Desvenlafaxine	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Deutetrabenazine	Central Nervous System Agents	Central Nervous System Agents, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Movement Disorder Drug Therapy
Dexmethylphenidate Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Stimulants - Misc.
Dextroamphetamine Saccharate/ Amphetamine Aspartate/ Dextroamphetamine Sulfate/ Amphetamine Sulfate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Amphetamines
Dextroamphetamine Sulfate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Amphetamines
Diazepam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Diphenhydramine Hydrochloride	Antiparkinson Agents	Anticholinergics	ANTIHISTAMINES	Antihistamines - Ethanolamines
Disulfiram	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Agents for Chemical Dependency

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Divalproex sodium	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Valproic Acid
Divalproex Sodium	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Valproic Acid
Doxepin Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Doxepin Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTIDEPRESSANTS	Tricyclic Agents
Duloxetine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Duloxetine Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Escitalopram Oxalate	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)

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Escitalopram Oxalate	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Esketamine Hydrochloride	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists
Estazolam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Eszopiclone	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Fluoxetine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Fluphenazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Flurazepam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Fluvoxamine Maleate	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)

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Gabapentin	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Guanfacine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Haloperidol	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Butyrophenones
Hydroxyzine Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Hydroxyzine Pamoate	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Iloperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Imipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Imipramine Pamoate	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Isocarboxazid	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Lamotrigine	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Anticonvulsants - Misc.
Lamotrigine	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Anticonvulsants - Misc.
Liothyronine (for augmentation in severe depression)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	Not applicable – no class assigned by USP	THYROID AGENTS	Thyroid Hormones
Lisdexamfetamine Dimesylate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Amphetamines
Lithium Carbonate	Bipolar Agents	Mood Stabilizers	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antimanic Agents

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Lithium Citrate	Bipolar Agents	Mood Stabilizers	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antimanic Agents
Lofexidine	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Agents for Chemical Dependency
Lorazepam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Loxapine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Lurasidone	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Lurasidone Hydrochloride	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Maprotiline Hydrochloride	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Antidepressants - Misc.
Meprobamate	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Methamphetamine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Amphetamines
Methylphenidate Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Stimulants - Misc.
Midazolam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Mirtazapine	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Alpha-2 Receptor Antagonists (Tetracyclics)
Naloxone Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists
Naltrexone	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists
Naltrexone	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists
Naltrexone Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists

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Nefazodone Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin Modulators
Nicotine Polacrilex	Anti-addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Smoking Deterrents
Nortriptyline Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Olanzapine	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Olanzapine	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Olanzapine Pamoate	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Olanzapine/ Fluoxetine	Antidepressants	Antidepressants, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Combination Psychotherapeutics
Oxazepam	Anxiolytics	Benzodiazepines	ANTIANXIETY AGENTS	Benzodiazepines
Oxcarbazepine	Anticonvulsants	Sodium Channel Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Paliperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Paroxetine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)

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Paroxetine Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Perphenazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Perphenazine/ Amitriptyline Hydrochloride	Antidepressants	Antidepressants, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Combination Psychotherapeutics
Phenelzine Sulfate	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Pimavanserin Tartrate	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Pimozide	Antipsychotics	1st Generation/ Typical1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Psychotherapeutic and Neurological Agents - Misc.
Pramipexole Dihydrochloride (for augmentation in severe depression)	Antiparkinson Agents	Dopamine Agonists	ANTIPARKINSON AND RELATED THERAPY AGENTS	Antiparkinson Dopaminergics
Prazosin Hydrochloride (for treatment of PTSD)	Cardiovascular Agents	Alpha-adrenergic Blocking Agents	ANTIHYPERTENSIVES	Antiadrenergic Antihypertensives
Pregabalin	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Prochlorperazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Protriptyline Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Quazepam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics

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Quetiapine Fumarate	Antidepressants	Antidepressants, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Quetiapine Fumarate	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Quetiapine Fumarate	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Risperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Risperidone	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Selegiline	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Sertraline Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Sertraline Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Suvorexant	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Orexin Receptor Antagonists
Temazepam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Thioridazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Thiothixene	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Thioxanthenes

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Topiramate	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Anticonvulsants - Misc.
Tranylcypromine Sulfate	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Trazodone Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin Modulators
Triazolam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Trifluoperazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Phenothiazines
Trihexyphenidyl Hydrochloride	Antiparkinson Agents	Anticholinergics	ANTIPARKINSON AND RELATED THERAPY AGENTS	Antiparkinson Anticholinergics
Trimipramine Maleate	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Valbenazine	Central Nervous System Agents	Central Nervous System Agents, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Movement Disorder Drug Therapy
Valproic Acid	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Valproic Acid
Varenicline Tartrate	Anti-addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Smoking Deterrents
Venlafaxine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

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Venlafaxine Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Zaleplon	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Ziprasidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Ziprasidone Hydrochloride	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Zolpidem	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics

MOLINA HEALTHCARE

Molina Healthcare Marketplace

Formulary Changes Effective October 1, 2026

Drug Name	Description of Formulary Change	Notes/Alternatives
Avtozma Autoinjector 162 Mg/0.9 Ml	Adding to Formulary, Non-Preferred Specialty Tier	
Avtozma Prefilled Syringe 162 Mg/0.9 Ml	Adding to Formulary, Non-Preferred Specialty Tier	
Bildyos Prefilled Syringe 60 Mg/Ml	Adding to Formulary, Specialty Tier	
Bilprevda Solution 120 Mg/1.7 Ml	Adding to Formulary, Specialty Tier	
Macitentan Tablet 10 Mg	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Ospomyv Prefilled Syringe 60 Mg/Ml	Adding to Formulary, Specialty Tier	
Rifapentine Tablet 150 Mg	Adding to Formulary, Non-Preferred Generic Tier	Quantity Limits Apply
Sitagliptin Phos-Metformin HCl Extended-Release Tablet 100-1000 Mg	Adding to Formulary, Preferred Generic Tier	Step Therapy and Quantity Limits Apply
Sitagliptin Phos-Metformin HCl Extended-Release Tablet 50-1000 Mg	Adding to Formulary, Preferred Generic Tier	Step Therapy and Quantity Limits Apply
Sitagliptin Phos-Metformin HCl Extended-Release Tablet 50-500 Mg	Adding to Formulary, Preferred Generic Tier	Step Therapy and Quantity Limits Apply
Skyrizi Prefilled Syringe 55 Mg/0.37 Ml	Adding to Formulary, Specialty Tier	Quantity and Age Limits Apply
Tofacitinib Citrate Extended-Release Tablet 11 Mg	Adding to Formulary, Specialty Tier	
Tofacitinib Citrate Extended-Release Tablet 22 Mg	Adding to Formulary, Specialty Tier	
Tofacitinib Citrate Oral Solution 1 Mg/Ml	Adding to Formulary, Specialty Tier	
Tofacitinib Citrate Tablet 10 Mg	Adding to Formulary, Specialty Tier	
Tofacitinib Citrate Tablet 5 Mg	Adding to Formulary, Specialty Tier	
Tyenne Autoinjector 162 Mg/0.9 Ml	Adding to Formulary, Non-Preferred Specialty Tier	
Tyenne Prefilled Syringe 162 Mg/0.9 Ml	Adding to Formulary, Non-Preferred Specialty Tier	
Uptravi Tablet 100 Mcg	Adding to Formulary, Specialty	Quantity and Age Limits Apply
Uptravi Tablet 150 Mcg	Adding to Formulary, Specialty Tier	Quantity and Age Limits Apply
Xocova Tablets 125 Mg	Adding to Formulary, Preventive Tier	Quantity and Age Limits Apply

PA = Prior Authorization **QL =** Quantity Limits **ST =** Step Therapy

MOLINA HEALTHCARE

Molina Healthcare Marketplace

Formulary Changes Effective July 1, 2026

Drug Name	Description of Formulary Change	Notes/Alternatives
Accu-Chek Aviva Plus Test Strip	Adding to Formulary, DME Tier	Quantity Limits Apply
Accu-Chek Guide KIT Meter	Adding to Formulary, DME Tier	Quantity Limits Apply
Accu-Chek Guide Me KIT Meter	Adding to Formulary, DME Tier	Quantity Limits Apply
Accu-Chek Guide Test Strip	Adding to Formulary, DME Tier	Quantity Limits Apply
Accu-Chek SmartView Test Strip	Adding to Formulary, DME Tier	Quantity Limits Apply
Albuterol PA Inh HFA 200 - 18 GM		Increased Quantity Limits
Albuterol PA Inh HFA 200 - 6.7 GM		Increased Quantity Limits
Albuterol PA Inh HFA 200 - 8.5 GM		Increased Quantity Limits
Auranofin Cap 3MG	Removed Prior Authorization Requirement	
Avonex Pen Kit 30MCG	Removed Prior Authorization Requirement	
Avonex PrefL Kit 30MCG	Removed Prior Authorization Requirement	
Breyna AERO 160-4.5MCG/ACT		Increased Quantity Limits
Breyna AERO 80-4.5MCG/ACT		Increased Quantity Limits
Brivaracetam Sol 10MG/ML	Adding to Formulary, Preventive Tier	Age Limits Apply
Brivaracetam Tab 100MG	Adding to Formulary, Preventive Tier	
Brivaracetam Tab 10MG	Adding to Formulary, Preventive Tier	
Brivaracetam Tab 25MG	Adding to Formulary, Preventive Tier	
Brivaracetam Tab 50MG	Adding to Formulary, Preventive Tier	
Brivaracetam Tab 75MG	Adding to Formulary, Preventive Tier	
Budesonide-Formoterol Fumarate Aero 160-4.5MCG/ACT		Increased Quantity Limits
Budesonide-Formoterol Fumarate Aero 80-4.5MCG/ACT		Increased Quantity Limits
Dalfampridin Tab 10MG ER	Removed Prior Authorization Requirement	
Dapagliflozin 10 mg Tablet	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Dapagliflozin 5 mg Tablet	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies

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Drug Name	Description of Formulary Change	Notes/Alternatives
Dapagliflozin-Metformin ER 10 mg/1000 mg Tablet	Adding to Formulary, Preferred Generic Tier	Step Therapy Applies
Dapagliflozin-Metformin ER 10 mg/500 mg Tablet	Adding to Formulary, Preferred Generic Tier	Step Therapy Applies
Dapagliflozin-Metformin ER 5 mg/1000 mg Tablet	Adding to Formulary, Preferred Generic Tier	Step Therapy Applies
Dapagliflozin-Metformin ER 5 mg/500 mg Tablet	Adding to Formulary, Preferred Generic Tier	Step Therapy Applies
Dimethyl Fum Cap 120MG DR	Removed Prior Authorization Requirement	
Dimethyl Fum Cap 240MG DR	Removed Prior Authorization Requirement	
Dimethyl Fum Mis Starter	Removed Prior Authorization Requirement	
Effer-K Tab 25MEQ EF		Increased Quantity Limits
Fingolimod HCl Cap 0.5 MG (Base Equiv)	Removed Prior Authorization Requirement	
Glatiramer Acetate Sosy 20MG/ML	Removed Prior Authorization Requirement	
Glatiramer Acetate Sosy 40MG/ML	Removed Prior Authorization Requirement	
Glatopa Sosy 40MG/ML	Removed Prior Authorization Requirement	
Jakafi 11 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Jakafi 22 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Jakafi 33 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Jakafi 44 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Jakafi 55 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Klor-Con/EF Tab 25MEQ FR		Increased Quantity Limits
Levalbuterol Tartrate AERO 45 MCG/ACT		Increased Quantity Limits
Milnacipran HCl MISC 12.5 & 25 & 50MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Milnacipran HCl TABS 100MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Milnacipran HCl TABS 12.5MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Milnacipran HCl TABS 25MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	

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Drug Name	Description of Formulary Change	Notes/Alternatives
Milnacipran HCl TABS 50MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Nintedanib 100 mg Capsule	Adding to Formulary, Specialty Tier with Prior Authorization	
Nintedanib 150 mg Capsule	Adding to Formulary, Specialty Tier with Prior Authorization	
Ozempic 1.5 MG Tablets	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply; Step Therapy Applies
Ozempic 4 MG Tablets	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply; Step Therapy Applies
Ozempic 9 MG Tablets	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply; Step Therapy Applies
Plegridy Inj	Removed Prior Authorization Requirement	
Plegridy Inj Pen	Removed Prior Authorization Requirement	
Plegridy Inj Starter	Removed Prior Authorization Requirement	
Plegridy Pen Inj Starter	Removed Prior Authorization Requirement	
Pomalidomide Cap 1 MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Pomalidomide Cap 2 MG	Adding to Formulary, Specialty	Quantity Limits Apply
Pomalidomide Cap 3 MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Pomalidomide Cap 4 MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Rebif RebIdose Soaj 22MCG/0.5ML	Removed Prior Authorization Requirement	
Rebif RebIdose Soaj 44MCG/0.5ML	Removed Prior Authorization Requirement	
Rebif RebIdose Titration Pack Soaj 6X8.8 & 6X22MCG	Removed Prior Authorization Requirement	
Rebif Sosy 22MCG/0.5ML	Removed Prior Authorization Requirement	
Rebif Sosy 44MCG/0.5ML	Removed Prior Authorization Requirement	
Rebif Titration Pack Sosy 6X8.8 & 6X22MCG	Removed Prior Authorization Requirement	
Ridaura Cap 3MG	Removed Prior Authorization Requirement	
Rilpivirine HCl Tab 25 MG (Base Equivalent)	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Sitagliptin Phosphate 100 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Sitagliptin Phosphate 25 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Sitagliptin Phosphate 50 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies

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Drug Name	Description of Formulary Change	Notes/Alternatives
Sitagliptin Phosphate-Metformin 50/1000 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Sitagliptin Phosphate-Metformin 50/500 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Tapentadol HCl ER TB12 100MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl ER TB12 150MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl ER TB12 200MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl ER TB12 250MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl ER TB12 50MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl Tab 100 MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Tapentadol HCl Tab 50 MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Tapentadol HCl Tab 75 MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Teriflunomide Tabs 14MG	Removed Prior Authorization Requirement	
Teriflunomide Tabs 7MG	Removed Prior Authorization Requirement	

MOLINA HEALTHCARE

Molina Healthcare Marketplace

Formulary Changes Effective April 1, 2026

Drug Name	Description of Formulary Change	Notes/Alternatives
BESIFLOXACIN SUS 0.6%	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Beyfortus SOSY 100MG/ML	Changed to Preventive Tier	
Beyfortus SOSY 50MG/0.5ML	Changed to Preventive Tier	
COMIRNATY 5- INJ 11/25-26	Adding to Formulary, Preventive Tier	Age Limits Apply
COMIRNATY INJ 30/.3ML	Adding to Formulary, Preventive Tier	Age Limits Apply
CONJ ESTROGN TAB 0.3MG	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
CONJ ESTROGN TAB 0.45MG	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
CONJ ESTROGN TAB 0.625MG	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
CONJ ESTROGN TAB 0.9MG	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
CONJ ESTROGN TAB 1.25MG	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
CVS PURELAX POW		Removed Quantity Limits
Daptacel SUSP 23-15-5	Adding to Formulary, Preventive Tier	
DOPTELET SPR CAP 10MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Eliquis (1.5 MG Pack) TBSO 3 x 0.5MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Eliquis (2 MG Pack) TBSO 4 x 0.5MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Eliquis CPSP 0.15MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Eliquis TBSO 0.5MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Enflonsia SOSY 105MG/0.7ML	Adding to Formulary, Preventive Tier	
ESTRADIOL TAB 10MCG		Removed Quantity Limits
EVEXITHROID TAB 45MG	Adding to Formulary, Preferred Brand Tier	
EVEXITHROID TAB 75MG	Adding to Formulary, Preferred Brand Tier	
GAVILAX POW		Removed Quantity Limits

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Drug Name	Description of Formulary Change	Notes/Alternatives
GENTLELAX POW		Removed Quantity Limits
HEALTHYLAX POW		Removed Quantity Limits
HM CLEARLAX POW		Removed Quantity Limits
Imovax Rabies SUSR 2.5UNIT/ML	Adding to Formulary, Preventive Tier	Quantity Limits Apply
Infanrix SUSP 25-58-10	Adding to Formulary, Preventive Tier	
Lomustine CAPS 100MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Lomustine CAPS 10MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Lomustine CAPS 40MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Loteprednol-Tobramycin SUSP 0.5-0.3%	Adding to Formulary, Non-Preferred Generic Tier	Quantity Limits Apply
NEXTSTELLIS TABS 3-14.2MG	Adding to Formulary, Preventive Tier	
NUVAXOVID INJ 2025-26	Adding to Formulary, Preventive Tier	Age Limits Apply
OTEZLA XR TAB 75MG	Adding to Formulary, Specialty Tier	
OTEZLA/XR TAB 28 DAY	Adding to Formulary, Specialty Tier	
Paxlovid (300/100 & 150/100) TBPK 6 x 150 MG &5 x 100MG	Adding to Formulary, Preventive Tier	Quantity Limits Apply
PAZOPanib HCl TABS 400MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
PHEXXI GEL 1.8-1-0.4%	Adding to Formulary, Preventive Tier	
POLYETH GLYC POW 3350 NF		Removed Quantity Limits
POWDERLAX PAK 3350		Removed Quantity Limits
Pyzchiva SOAJ 45MG/0.5ML	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Pyzchiva SOAJ 90MG/ML	Adding to Formulary, Specialty Tier	Quantity Limits Apply
RabAvert SUSR	Adding to Formulary, Preventive Tier	Quantity Limits Apply
Recombivax HB SUSP 40MCG/ML	Adding to Formulary, Preventive Tier	Quantity Limits Apply
Recombivax HB SUSY 10MCG/ML	Adding to Formulary, Preventive Tier	Quantity Limits Apply
Recombivax HB SUSY 5MCG/0.5ML	Adding to Formulary, Preventive Tier	Quantity Limits Apply

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Drug Name	Description of Formulary Change	Notes/Alternatives
Relistor SOLN 8MG/0.4ML	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Shingrix SUSY 50MCG/0.5ML	Adding to Formulary, Preventive Tier	Quantity and Age Limits Apply
SLYND TABS 4MG	Adding to Formulary, Preventive Tier	
SM CLEARLAX POW		Removed Quantity Limits
Tremfya-CD/UC Induction SOAJ 200MG/2ML	Adding to Formulary, Specialty Tier	
TWIRLA PTWK 120-30MCG/24HR	Adding to Formulary, Preventive Tier	
VALTOCO LIQ 15MG		Changed Age Minimum 2 Years
VALTOCO LIQ 20MG		Changed Age Minimum 2 Years
VALTOCO SPR 10MG		Changed Age Minimum 2 Years
VALTOCO SPR 5MG		Changed Age Minimum 2 Years
Vraylar CAPS 0.5MG	Adding to Formulary, Preventive Tier	
Vraylar CAPS 0.75MG	Adding to Formulary, Preventive Tier	
YUVAFEM TAB 10MCG		Removed Quantity Limits

MOLINA HEALTHCARE

Molina Healthcare Marketplace

Formulary Changes Effective January 1, 2026

Drug Name	Description of Formulary Change	Notes/Alternatives
ACNE MEDICAT LOT 10%	Adding to Formulary, Generic Tier	
ACNE MEDICAT LOT 5%	Adding to Formulary, Generic Tier	
ALOG/PIOGLIT TAB 12.5-15	Removing from Formulary	
ALOG/PIOGLIT TAB 12.5-30	Removing from Formulary	
ALOG/PIOGLIT TAB 12.5-45	Removing from Formulary	
ALOG/PIOGLIT TAB 25-15MG	Removing from Formulary	
ALOG/PIOGLIT TAB 25-30MG	Removing from Formulary	
ALOG/PIOGLIT TAB 25-45MG	Removing from Formulary	
Alogliptin Benzoate TABS 12.5MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
Alogliptin Benzoate TABS 25MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
Alogliptin Benzoate TABS 6.25MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 10-20MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 10-40MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 5-20MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 5-40MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMPHETAMINE TAB 10MG	Adding to Formulary, Preventative Tier	Quantity and Age Limits Apply
AMPHETAMINE TAB 5MG	Adding to Formulary, Preventative Tier	Quantity and Age Limits Apply
ARALAST NP INJ 1000MG	Removing from Formulary	
ARANESP INJ 100MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 10MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 150MCG	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
ARANESP INJ 200MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 25MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 300MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 40MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 500MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 60MCG	Changing from Specialty Tier to Non-Preferred Tier	
ATROVENT HFA AER 17MCG	Removing from Formulary	
AVITA CRE 0.025%	Removing from Formulary	
AVITA GEL 0.025%	Removing from Formulary	
Azelaic Acid GEL 15%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
BETAINE POWD	Changing from Specialty Tier to Non-Preferred Tier	
BEYFORTUS INJ 100MG/ML	Adding to Formulary, Specialty Tier with Prior Authorization	Age Limits Apply
BEYFORTUS INJ 50/0.5ML	Adding to Formulary, Specialty Tier with Prior Authorization	Age Limits Apply
BISMTH/METR/ CAP TETRACY	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Briviact SOLN 10MG/ML	Adding to Formulary, Preventative Tier	Age Limits Apply
Briviact TABS 100MG	Adding to Formulary, Preventative Tier	
Briviact TABS 10MG	Adding to Formulary, Preventative Tier	
Briviact TABS 25MG	Adding to Formulary, Preventative Tier	
Briviact TABS 50MG	Adding to Formulary, Preventative Tier	
Briviact TABS 75MG	Adding to Formulary, Preventative Tier	
CABOMETYX TAB 20MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
CABOMETYX TAB 40MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
CABOMETYX TAB 60MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Calcipotriene CREA 0.005 %	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
CALCIPOTRIENE OINT 0.005%	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
Candesartan Cilexetil TABS 16MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 32MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 4MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 8MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
CAPTOPR/HCTZ TAB 25-15MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 25-25MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 50-15MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 50-25MG	Removing from Formulary	
CINACALCET TAB 30MG	Changing from Preferred Brand Tier to Specialty Tier	
CINACALCET TAB 60MG	Changing from Preferred Brand Tier to Specialty Tier	
CINACALCET TAB 90MG	Changing from Preferred Brand Tier to Specialty Tier	
Ciprofloxacin-Fluocinolone PF SOLN 0.3-0.025%	Adding to Formulary, Preferred Brand Tier	Quantity Limits and Age Limits Apply
CLINDAMY/BEN GEL 1.2-5%	Changing from Preferred Brand Tier to Preferred Generic Tier	
CLINDAMYCIN LOT 10MG/ML	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
COMETRIQ KIT 100MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
COMETRIQ KIT 140MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
COMETRIQ KIT 60MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
CYCLOPHOSPH CAP 25MG	Changing from Specialty Tier to Non-Preferred Tier	
CYCLOPHOSPH CAP 50MG	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
DABIGATRAN CAP 110MG	Adding to Formulary, Generic Tier	Quantity Limits Apply
DABIGATRAN CAP 150MG	Adding to Formulary, Generic Tier	Quantity Limits Apply
DABIGATRAN CAP 75MG	Adding to Formulary, Generic Tier	Quantity Limits Apply
DEXMETHYLPH CAP 10MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 15MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 20MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 25MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 30MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 35MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 40MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPHE CAP 5MG ER	Adding to Formulary, Preventative Tier	
DIACOMIT CAP 250MG	Changing from Non-Preferred Tier to Specialty Tier	
DIACOMIT CAP 500MG	Changing from Non-Preferred Tier to Specialty Tier	
DIACOMIT PAK 250MG	Changing from Non-Preferred Tier to Specialty Tier	
DIACOMIT PAK 500MG	Changing from Non-Preferred Tier to Specialty Tier	
DIFFERIN LOT 0.1%	Removing from Formulary	
DOFETILIDE CAP 125MCG	Changing from Preferred Brand Tier to Specialty Tier	
DOFETILIDE CAP 250MCG	Changing from Preferred Brand Tier to Specialty Tier	
DOFETILIDE CAP 500MCG	Changing from Preferred Brand Tier to Specialty Tier	
EMCYT CAP 140MG	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
EPOGEN INJ 10000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 2000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 20000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 3000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 4000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPROSART MES TAB 600MG	Removing from Formulary	
ETOPOSIDE CAP 50MG	Changing from Specialty Tier to Non-Preferred Tier	
EUFLEXXA INJ 10MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 0.25MG	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 0.5 MG	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 0.75MG	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 1MG	Changing from Specialty Tier to Non-Preferred Tier	
FANAPT PAK	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 10MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 12MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 1MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 2MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 4MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 6MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 8MG	Removing from Formulary	Adding Rexulti and Vraylar
Farydak CAPS 10MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Farydak CAPS 15MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Farydak CAPS 20MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
FENOFIBRATE CAP 134MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
FENOFIBRATE CAP 200MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
FENOFIBRATE CAP 43MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
FENOFIBRATE CAP 67MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
FULPHILA SOSY 6MG/0.6ML	Removing from Formulary	
Glassia SOLN 1000MG/50ML	Removing from Formulary	
Glassia SOLN 4GM/200ML	Removing from Formulary	
Glassia SOLN 5GM/250ML	Removing from Formulary	
GLUCAGON KIT 1MG	Changing from Generic Tier to Preventative Tier	Quantity Limits Apply
HYALGAN INJ 20MG/2ML	Changing from Specialty Tier to Non-Preferred Tier	
Imbruvica CAP 70MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 140MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 280MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 420MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 560MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
INLYTA TAB 1MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
INLYTA TAB 5MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Insulin Glargine-yfgn SOLN 100UNIT/ML	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Insulin Glargine-yfgn SOPN 100UNIT/ML	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Lagevrio CAPS 200MG	Adding to Formulary, Preventative Tier	Quantity Limits Apply
LANSOPR/AMOX MIS /CLARITH	Removing from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
LEUKERAN TAB 2MG	Changing from Specialty Tier to Non-Preferred Tier	
LEVALBUTEROL INH HFA 200	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
MELPHALAN TAB 2MG	Changing from Specialty Tier to Non-Preferred Tier	
MENEST TAB 2.5MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
MESALAMINE TAB 1.2GM DR	Adding to Formulary, Preferred Brand Tier	
MESALAMINE TAB 800MG DR	Removing from Formulary	
METHITEST TAB 10MG	Changing from Specialty Tier to Non-Preferred Tier	
METHOTREXATE INJ 250/10ML	Changing from Generic Tier to Specialty Tier	Quantity Limits Apply
METHOTREXATE INJ 25MG/ML	Changing from Generic Tier to Specialty Tier	Quantity Limits Apply
METHOTREXATE INJ 50MG/2ML	Changing from Generic Tier to Specialty Tier	Quantity Limits Apply
METHYLTESTOS CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
METHYLTESTOSTERONE ORAL TAB 10 MG	Changing from Specialty Tier to Non-Preferred Tier	
Miconazole 3 SUPP 200MG	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
MONOCLATE-P KIT 1000 UNIT INTRAVENOUS	Changing from Specialty Tier to Non-Preferred Tier	
NEUAC GEL 1.2-5%	Changing from Preferred Brand Tier to Preferred Generic Tier	
Niacin ER TBCR 1000MG	Adding to Formulary, Generic Tier	Quantity Limits Apply **OTC Only
NITISINONE CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
NITISINONE CAP 20 MG	Changing from Specialty Tier to Non-Preferred Tier	
NITISINONE CAP 2MG	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
NITISINONE CAP 5MG	Changing from Specialty Tier to Non-Preferred Tier	
NORVIR POW 100MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
OLM MED/HCTZ TAB 20-12.5	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
OLM MED/HCTZ TAB 40-12.5	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
OLM MED/HCTZ TAB 40-25MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Olmesartan Medoxomil TABS 20MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Olmesartan Medoxomil TABS 40MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Olmesartan Medoxomil TABS 5MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
OXYCODONE TAB 10MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 15MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 20MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 30MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 40MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 60MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 80MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
PANRETIN GEL 0.1%	Changing from Specialty Tier to Non-Preferred Tier	
PHENADOZ SUP 12.5MG	Removing from Formulary	
PHENADOZ SUP 25MG	Removing from Formulary	
PHENOXYBENZA CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
Poly-Vi-Flor SUSP 0.25MG/ML	Removing from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
PROCRIT INJ 10000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 2000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 20000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 3000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 4000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 40000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROLASTIN-C INJ 1000MG	Removing from Formulary	
PROLIA SOL 60MG/ML	Removing from Formulary	
PROMETHAZINE SUP 12.5MG	Removing from Formulary	
PROMETHAZINE SUP 25MG	Removing from Formulary	
PROMETHEGAN SUP 12.5MG	Removing from Formulary	
PROMETHEGAN SUP 25MG	Removing from Formulary	
PYRIME/LEUCO CAP 12.5/2.5	Removing from Formulary	
PYRIME/LEUCO CAP 25/10MG	Removing from Formulary	
PYRIME/LEUCO CAP 25/5MG	Removing from Formulary	
PYRIME/LEUCO CAP 50/10MG	Removing from Formulary	
PYRIME/LEUCO CAP 50/20MG	Removing from Formulary	
PYRIME/LEUCO CAP 50/25MG	Removing from Formulary	
PYRIME/LEUCO CAP 75/25MG	Removing from Formulary	
QUINTABS TAB	Adding to Formulary, Generic Tier	
RELISTOR INJ 12/0.6ML	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
RELISTOR INJ 12/0.6ML	Changing from Specialty Tier to Non-Preferred Tier	
RELISTOR TAB 150MG	Changing from Specialty Tier to Non-Preferred Tier	
REPATHA INJ 140MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
REPATHA PUSH INJ 420/3.5	Changing from Specialty Tier to Non-Preferred Tier	
REPATHA SURE INJ 140MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 10000UNT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 20000UNI	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 2000UNIT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 3000UNIT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 40000UNT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 4000UNIT	Changing from Specialty Tier to Non-Preferred Tier	
REYVOW TABS 100MG	Removing from Formulary	
REYVOW TABS 50MG	Removing from Formulary	
RHO D IMMUNE GLOBULIN IM SOLN PREF SYR 1500 UNIT (300MCG)	Changing from Preferred Brand Tier to Specialty Tier	
RIBAVIRIN CAP 200MG	Changing from Preferred Generic Tier to Specialty Tier	
RIBAVIRIN TAB 200MG	Changing from Preferred Generic Tier to Specialty Tier	
RINVOQ LQ SOL 1MG/ML	Adding to Formulary, Specialty Tier	Age Limits Apply
SIMLANDI 1PN INJ 40/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
SIMLANDI 2PN INJ 40/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA

Drug Name	Description of Formulary Change	Notes/Alternatives
SIRTURO TAB 100MG	Changing from Non-Preferred Tier to Specialty Tier	
SIRTURO TAB 20MG	Changing from Non-Preferred Tier to Specialty Tier	
SOMAVERT INJ 25MG	Adding to Formulary, Specialty Tier with Prior Authorization	
Somavert SOLR 30MG	Adding to Formulary, Specialty Tier with Prior Authorization	
Sprycel TABS 100MG	Removing from Formulary	
Sprycel TABS 140MG	Removing from Formulary	
Sprycel TABS 20MG	Removing from Formulary	
Sprycel TABS 50MG	Removing from Formulary	
Sprycel TABS 70MG	Removing from Formulary	
Sprycel TABS 80MG	Removing from Formulary	
Stelara SOLN 130MG/26ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
Stelara SOLN 45MG/0.5ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
Stelara SOSY 90MG/ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
SUPARTZ FX INJ 25/2.5ML	Changing from Specialty Tier to Non-Preferred Tier	
SYNAGIS INJ 100MG/ML	Removing from Formulary	Beyfortus Covered with Prior Authorization at Specialty Pharmacy
SYNAGIS INJ 50/0.5ML	Removing from Formulary	Beyfortus Covered with Prior Authorization at Specialty Pharmacy
SYNAREL SOL 2MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
TABLOID TAB 40MG	Changing from Specialty Tier to Non-Preferred Tier	
TASIGNA CAP 150MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier
TASIGNA CAP 200MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier
TASIGNA CAP 50MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier

Drug Name	Description of Formulary Change	Notes/Alternatives
TAVABOROLE SOLN 5%	Prior Authorization Added	Quantity Limits Added
TAZAROTENE CRE 0.05%	Changing from Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Apply
TAZAROTENE CRE 0.1%	Changing from Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Apply
TAZAROTENE GEL 0.05%	Changing from Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Apply
TAZAROTENE GEL 0.1%	Changing from Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Added
TECHLITE INSULIN SYRINGE MISC 30G X 1/2"0.3 ML	Adding to Formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	Quantity Limits Apply
Telmisartan TABS 20MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits Apply
Telmisartan TABS 40MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits Apply
Telmisartan TABS 80MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits Apply
TERBUTALINE TAB 2.5MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
TERBUTALINE TAB 5MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Teriparatide SOPN 560MCG/2.24ML	Removing from Formulary	
TRETINOIN CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
TRETINOIN CRE 0.025%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN CRE 0.05%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN CRE 0.1%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN GEL 0.01%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN GEL 0.025%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
TRILURON INJ 20MG/2ML	Changing from Specialty Tier to Non-Preferred Tier	
TRIZIVIR TABS 300-150-300MG	Removing from Formulary	
VALGANCICLOV SOL 50MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
VALGANCICLOV TAB 450MG	Changing from Specialty Tier to Non-Preferred Tier	
Venclexta Starting Pack TBPK 10 & 50 & 100MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Venclexta TABS 100MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Venclexta TABS 10MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Venclexta TABS 50MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Viread POWD 40MG/GM	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 150MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 200MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 250MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 300MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VISCO-3 SOSY 25MG/2.5ML	Changing from Specialty Tier to Non-Preferred Tier	
Vraylar CPPK 1.5 & 3MG	Adding to Formulary, Preventative Tier	
XARELTO SUS 1MG/ML	Removing from Formulary	
XARELTO TAB 2.5MG	Removing from Formulary	Remove Brand
XIFAXAN TAB 200MG	Changing from Specialty Tier to Non-Preferred Tier	
XIFAXAN TAB 550MG	Changing from Specialty Tier to Non-Preferred Tier	
XOFLUZA TAB 20MG	Removing from Formulary	
XOFLUZA TAB 40MG	Changing from Preferred Brand Tier to Specialty Tier	Quantity Limits Apply
XOFLUZA TAB 80MG	Changing from Preferred Brand Tier to Specialty Tier	Quantity Limits Apply
ZARXIO SOSY 300MCG/0.5ML	Removing from Formulary	
ZARXIO SOSY 480MCG/0.8ML	Removing from Formulary	
ZEJULA TAB 100MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
ZEJULA TAB 200MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
ZEJULA TAB 300MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
ZEMAIRA INJ 1000MG	Removing from Formulary	
Zenpep CPEP 60000-189600UNIT	Adding to Formulary, Preferred Brand Tier	

PA = Prior Authorization **QL =** Quantity Limits **ST =** Step Therapy

The medications listed below are available on the pharmacy benefit without a Prior Authorization:

Los medicamentos que se enumeran a continuación están disponibles en el beneficio de farmacia sin autorización previa.

ABIRATERONE TAB 500MG
ABIRATERONE TAB 250MG
ACTEMRA INJ 162/0.9
ACTEMRA INJ 200/10ML
ACTEMRA INJ 400/20ML
ACTEMRA INJ 80MG/4ML
ACTEMRA INJ ACTPEN
ACTIMMUNE INJ 2MU/0.5
ALECENSA CAP 150MG
ARCALYST INJ 220MG
BEXAROTENE CAP 75MG
CAPECITABINE TAB 150MG
CAPECITABINE TAB 500MG
CAPRELSA TAB 100MG
CAPRELSA TAB 300MG
CIMZIA KIT
CIMZIA PREFL KIT 200MG/ML
Cosentyx Sensoready Pen SOAJ 150MG/ML
Cosentyx SOSY 150MG/ML
Cosentyx SOSY 75MG/0.5ML
Cosentyx UnoReady SOAJ 300MG/2ML
CUVITRU INJ 2GM/10ML
CYCLOPHOSPH CAP 25MG
CYCLOPHOSPH CAP 50MG
EMCYT CAP 140MG
ENBREL INJ 25/0.5ML
ENBREL INJ 50MG/ML
Enbrel SOLN 25MG/0.5ML
ENBREL SRCLK INJ 50MG/ML
ERIVEDGE CAP 150MG
ERLOTINIB TAB 100MG
ERLOTINIB TAB 150MG
ERLOTINIB TAB 25MG
ETOPOSIDE CAP 50MG
EVEROLIMUS TAB 10MG
EVEROLIMUS TAB 2.5MG
EVEROLIMUS TAB 2MG
EVEROLIMUS TAB 3MG
EVEROLIMUS TAB 5MG
EVEROLIMUS TAB 5MG
EVEROLIMUS TAB 7.5MG
FARYDAK CAP 10MG
FARYDAK CAP 15MG
FARYDAK CAP 20MG
FLEBOGAMMA INJ 20/200ML
FLEBOGAMMA INJ DIF 5%
FLEBOGAMMA INJ DIF 5%
GAMMAGARD INJ 1GM/10ML
GAMMAGARD SD INJ 10GM HU
GAMMAKED INJ 1GM/10ML
GAMMAPLEX INJ 10%
GAMMAPLEX INJ 5%
GAMUNEX-C INJ 1GM/10ML
GILOTRIF TAB 20MG
GILOTRIF TAB 30MG
GILOTRIF TAB 40MG
GLEOSTINE CAP 100MG
GLEOSTINE CAP 10MG
GLEOSTINE CAP 40MG
Hadlima PushTouch SOAJ 40MG/0.4ML
Hadlima PushTouch SOAJ 40MG/0.8ML
Hadlima SOSY 40MG/0.4ML
Hadlima SOSY 40MG/0.8ML
HIZENTRA INJ 1GM/5ML
HIZENTRA INJ 2GM/10ML
HIZENTRA 1 GM/5ML
HIZENTRA 10 GM/50ML
HIZENTRA 4 GM/20ML
HIZENTRA INJ 2GM/10ML
HIZENTRA SOL 20% SOLN PR
HUMIRA PSKT 40MG/0.8ML
HUMIRA PEN PNKT 40MG/0.8ML
HUMIRA PEN-CD/UC/HS STARTER PNKT 40MG/0.8ML

HUMIRA PEN-PS/UV/ADOL HS START PNKT 40MG/0.8ML
HUMIRA PSKT 40MG/0.4ML
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML &40MG/0.4ML
HUMIRA PEN PNKT 40MG/0.4ML
HUMIRA PEDIATRIC CROHNS START PSKT 80MG/0.8ML
HUMIRA PSKT 10MG/0.1ML
HUMIRA PSKT 20MG/0.2ML
HUMIRA PEN PNKT 80MG/0.8ML
HUMIRA PEN-CD/UC/HS STARTER PNKT 80MG/0.8ML
HUMIRA PEN-PEDIATRIC UC START PNKT 80MG/0.8ML
HUMIRA PEN-PSOR/UVEIT STARTER PNKT 80 MG/0.8ML &40MG/0.4ML
HYQVIA INJ 10-800
HYQVIA INJ 2.5-200
HYQVIA INJ 20-1600
HYQVIA INJ 30-2400
HYQVIA INJ 5-400
Hyrimoz SOAJ 40MG/0.4ML
Hyrimoz SOAJ 40MG/0.8ML
Hyrimoz SOAJ 80MG/0.8ML
Hyrimoz-Plaque Psoriasis Start SOAJ 80 MG/0.8ML &40MG/0.4ML
Hyrimoz SOSY 20MG/0.2ML
Hyrimoz SOSY 40MG/0.4ML
Hyrimoz SOSY 40MG/0.8ML
IBRANCE CAP 100MG
IBRANCE CAP 125MG
IBRANCE CAP 75MG
Ibrance TABS 100MG
Ibrance TABS 125MG
Ibrance TABS 75MG
ICLUSIG TAB 10MG
ICLUSIG TAB 15MG
ICLUSIG TAB 30MG
ICLUSIG TAB 45MG
IMATINIB MES TAB 100MG
IMATINIB MES TAB 400MG
IMBRUVICA CAP 140MG
JAKAFI TAB 10MG
JAKAFI TAB 15MG
JAKAFI TAB 20MG
JAKAFI TAB 25MG
JAKAFI TAB 5MG
KEVZARA INJ 150/1.14
KEVZARA INJ 150/1.14
KEVZARA INJ 200/1.14
KEVZARA INJ 200/1.14
KINERET INJ
LAPATINIB TAB 250MG
LENALIDOMIDE CAP 10 MG
LENALIDOMIDE CAP 15 MG
LENALIDOMIDE CAP 20 MG
LENALIDOMIDE CAP 25 MG
LENALIDOMIDE CAP 5 MG
LENALIDOMIDE CAPS 2.5 MG
LENVIMA CAP 10 MG
LENVIMA CAP 12MG
LENVIMA CAP 14 MG
LENVIMA CAP 18 MG
LENVIMA CAP 20 MG
LENVIMA CAP 24 MG
LENVIMA CAP 4MG
LENVIMA CAP 8 MG
LEUKERAN TAB 2MG
LEUPROLIDE INJ 1MG/0.2
LYNPARZA TAB 100MG
LYNPARZA TAB 150MG
LYSODREN TAB 500MG
MATULANE CAP 50MG
MEKINIST TAB 0.5MG
MEKINIST TAB 2MG
MELPHALAN TAB 2MG
NILUTAMIDE TAB 150MG
OCTAGAM INJ 20/200ML
OCTAGAM INJ 5GM
ODOMZO CAP 200MG
ORENCIA CLCK INJ 125MG/ML
ORENCIA INJ 125MG/ML
ORENCIA INJ 250MG
ORENCIA INJ 50/0.4
ORENCIA INJ 87.5/0.7
OTEZLA TAB 10/20/30
OTEZLA TAB 30MG

PAZOPanib HCl TABS 200MG
POMALYST CAP 1MG
POMALYST CAP 2MG
POMALYST CAP 3MG
POMALYST CAP 4MG
PRIVIGEN INJ 20GRAMS
Rinvoq TB24 15MG
Rinvoq TB24 30MG
Rinvoq TB24 45MG
RUBRACA TAB 200 MG
RUBRACA TAB 250 MG
RUBRACA TAB 300 MG
Simlandi (2 Pen) AJKT 40MG/0.4ML
Simlandi (1 Pen) AJKT 40MG/0.4ML
SIMPONI INJ 100MG/ML
SIMPONI INJ 100MG/ML
SIMPONI INJ 50/0.5ML
SIMPONI INJ 50/0.5ML
Skyrizi (150 MG Dose) PSKT 75MG/0.83ML
Skyrizi Pen SOAJ 150MG/ML
Skyrizi SOCT 180MG/1.2ML
Skyrizi SOCT 360MG/2.4ML
Skyrizi SOLN 600MG/10ML
Skyrizi SOSY 150MG/ML
SORAfenib Tosylate TABS 200MG
Stelara SOLN 130MG/26ML
Stelara SOLN 45MG/0.5ML
Stelara SOSY 45MG/0.5ML
Stelara SOSY 90MG/ML
STIVARGA TAB 40MG
SUNItinib Malate CAPS 12.5MG
SUNItinib Malate CAPS 25MG
SUNItinib Malate CAPS 37.5MG
SUNItinib Malate CAPS 50MG
TABLOID TAB 40MG
TAFINLAR CAP 50MG
TAFINLAR CAP 75MG
Tagrisso TABS 40MG
Tagrisso TABS 80MG
TASIGNA CAP 150MG
TASIGNA CAP 200MG
TASIGNA CAP 50MG
TEMOZOLOMIDE CAP 100MG
TEMOZOLOMIDE CAP 140MG
TEMOZOLOMIDE CAP 180MG
TEMOZOLOMIDE CAP 20MG
TEMOZOLOMIDE CAP 250MG
TEMOZOLOMIDE CAP 5MG
THALOMID CAP 100MG
THALOMID CAP 150MG
THALOMID CAP 200MG
THALOMID CAP 50MG
TOREMIFENE TAB 60MG
Tremfya SOPN 100MG/ML
Tremfya SOSY 100MG/ML
TRETINOIN CAP 10MG
Verzenio TABS 100MG
Verzenio TABS 150MG
Verzenio TABS 200MG
Verzenio TABS 50MG
XALKORI CAP 200MG
XALKORI CAP 250MG
Xeljanz SOLN 1MG/ML
XELJANZ TAB 10MG
XELJANZ TAB 5MG
XELJANZ XR TAB 22MG
XELJANZ XR TAB 11MG
Xtandi CAPS 40MG
Xtandi TABS 40MG
Xtandi TABS 80MG
ZEJULA CAP 100MG
ZOLINZA CAP 100MG
ZYDELIG TAB 100MG
ZYDELIG TAB 150MG