



**Attention BCN Advantage Group members:**

**This is a list of changes made to the BCN Advantage Group Formulary since its initial release in October 2024**

BCN Advantage may add or remove drugs from our formulary during the year. If we make any of the following changes, we'll notify you of the change at least 30 days before the effective date:

- Remove drugs from our formulary
- Add prior authorization, quantity limits and/or step therapy to a drug
- Move the drug to a higher cost-sharing tier

Some formulary changes don't require advance notice but will be posted on this [link](#). If your physician prescribes a drug that isn't on our formulary, isn't a preferred drug, or is subject to additional utilization requirements, you can ask us to make a coverage exception. You or your physician can initiate an exception request. While the use of a form isn't always required, they're available on the BCNA website at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

Coverage determinations will be made for standard and urgent requests within 72 and 24 hours, respectively. If BCN Advantage ever denies coverage for your prescription drugs, we'll explain our decision. You always have the right to appeal and ask us to review a claim denial. For more detailed information about your BCN Advantage prescription drug coverage, review your BCN Advantage Group *Formulary* or *Evidence of Coverage*.

If you have questions about the BCN Advantage drug formularies, call Customer Service at 1-800-450-3680. Hours are from 8 a.m. to 8 p.m. Eastern time, Monday through Friday. From October 1 through March 31, hours are from 8 a.m. to 8 p.m. Eastern time, seven days a week. TTY users call 711.

**BCN Advantage<sup>SM</sup> HMO-POS**  
**BCN Advantage Group Comprehensive Formulary**

(Updated 12/1/2025)

**Changes made to the drugs in the BCN Advantage HMO-POS  
Group Comprehensive Formulary (additions, deletions, changes in coverage)**  
**Most recent changes appear at the beginning**

<b>Effective Date</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Type of Change</b>	<b>Reason for Change</b>	<b>Notes</b>
12/1/2025	PRALUENT 75MG/ML, 150MG/ML AUTO-INJECTOR SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Prior Authorization
12/1/2025	WYOST 120MG/1.7ML INJECTION SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

**BCN Advantage<sup>SM</sup> HMO-POS**  
**BCN Advantage Group Comprehensive Formulary**

(Updated 12/1/2025)

**Changes made to the drugs in the BCN Advantage HMO-POS  
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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
11/1/2025	DAPAGLIFLOZI 5MG, 10MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
11/1/2025	FLUOROURACIL 0.5% TOPICAL CREAM		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
11/1/2025	HERNEXEOS 60MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
11/1/2025	KERENDIA 40MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
11/1/2025		liraglutide 18mg/3ml injection	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with Prior Authorization & Quantity Limits

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11/1/2025	MODEYSO 125MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
11/1/2025		rivaroxaban 1mg/ml oral suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
11/1/2025		topiramate 25mg/ml oral solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
10/1/2025		abigale 1mg/0.5mg 28-day oral tablet pack	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
10/1/2025	EDURANT 2.5MG ORAL TABLET FOR SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
10/1/2025	IBTROZI 200MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
10/1/2025		orquidea 0.35mg 28-day oral tablet pack	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
10/1/2025	PENMENVY INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
10/1/2025		perampanel 2mg, 4mg, 8mg, 10mg, 12mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization

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10/1/2025		perampanel 6mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
10/1/2025		tolvaptan 15mg, 30mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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9/1/2025		abigale lo 0.5mg/0.1mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
9/1/2025	ADALIMUMAB-AATY 40MG/0.4ML 2 PEN KIT		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization & Quantity Limits
9/1/2025	ADALIMUMAB-AATY 80MG/0.8ML 1 PEN KIT		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization & Quantity Limits
9/1/2025	ADALIMUMAB-AATY 20MG/0.2ML, 40MG/0.4ML 2-SYRINGE KIT		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization & Quantity Limits
9/1/2025	ADALIMUMAB-AATY 80MG/0.8ML AUTO INJECTOR KIT		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization & Quantity Limits
9/1/2025	ADALIMUMAB-ADBIM 10MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML, 40MG/0.8ML PREFILLED SYRINGE KIT		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization & Quantity Limits

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9/1/2025	ADALIMUMAB-ADBIM 40MG/0.4ML, 40MG/0.8ML AUTO INJECTOR KIT		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization & Quantity Limits
9/1/2025	ADALIMUMAB-ADBIM 40MG/0.4ML, 40MG/0.8ML CROHNS DISEASE/UC/HS STARTER PACK AUTO INJECTOR KIT		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization & Quantity Limits
9/1/2025	ADALIMUMAB-ADBIM 40MG/0.4ML, 40MG/0.8ML PSORIASIS/UVEITIS STARTER PACK AUTO INJECTOR KIT		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization & Quantity Limits
9/1/2025	AVMAPKI FAKZYNJA CO-PACK 0.8MG/200MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization
9/1/2025	BONSITY 560MCG/2.24ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization & Quantity Limits
9/1/2025		ciprofloxacin 0.2% otic solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

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9/1/2025		eltrombopag 25mg powder for oral suspension	Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization
9/1/2025		eltrombopag 12.5mg, 25mg, 50mg, 75mg oral tablet	Addition to Formulary	General Formulary Maintenance	Tier 5 with Prior Authorization
9/1/2025		emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200mg/25mg/300mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
9/1/2025		levofloxacin 0.5% ophthalmic solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
9/1/2025		meleva 28 day 0.35mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
9/1/2025		nilotinib 50mg, 150mg, 200mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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9/1/2025	TOBRADEX 0.05%/0.3% OPHTHALMIC SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
9/1/2025		amlodipine/olmesartan medoxomil 5mg/20mg, 5mg/40mg, 10mg/20mg, 10mg/40mg oral tablet	Tier Decrease	General Formulary Maintenance	Drug is on Tier 1
9/1/2025		glipizide 2.5mg oral tablet	Tier Decrease	General Formulary Maintenance	Drug is on Tier 1 with Quantity Limits
9/1/2025	HUMIRA PEN 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML AUTO INJECTOR KIT		Remove from Formulary	General Formulary Maintenance	Biosimilars (Adalimumab-AATY and Adalimumab-ADBIM) are covered on Tier 5 with Prior Authorization and Quantity Limits

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9/1/2025	HUMIRA PEN 80MG/0.8ML CROHNS DISEASE/UC/HS STARTER PACK AUTO INJECTOR KIT		Remove from Formulary	General Formulary Maintenance	Biosimilars (Adalimumab-AATY and Adalimumab-ADBIM) are covered on Tier 5 with Prior Authorization and Quantity Limits
9/1/2025	HUMIRA PEN 40MG/0.4ML and 80MG/0.8ML PSORIASIS/UVEITIS STARTER PACK AUTO INJECTOR KIT		Remove from Formulary	General Formulary Maintenance	Biosimilars (Adalimumab-AATY and Adalimumab-ADBIM) are covered on Tier 5 with Prior Authorization and Quantity Limits
9/1/2025	HUMIRA 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML PREFILLED SYRINGE KIT		Remove from Formulary	General Formulary Maintenance	Biosimilars (Adalimumab-AATY and Adalimumab-ADBIM) are covered on Tier 5 with Prior Authorization and Quantity Limits

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9/1/2025	HUMIRA PEDIATRIC INJECTION CROHNS 80MG/0.8ML and 40MG/0.4ML PREFILLED SYRINGE KIT		Remove from Formulary	General Formulary Maintenance	Biosimilars (Adalimumab-AATY and Adalimumab-ADBIM) are covered on Tier 5 with Prior Authorization and Quantity Limits
9/1/2025	HUMIRA PEDIATRIC INJECTION CROHNS 80MG/0.8ML PREFILLED SYRINGE KIT		Remove from Formulary	General Formulary Maintenance	Biosimilars (Adalimumab-AATY and Adalimumab-ADBIM) are covered on Tier 5 with Prior Authorization and Quantity Limits
9/1/2025	HUMIRA PEN KIT PEDIATRIC UC 80MG/0.8ML AUTO INJECTOR KIT		Remove from Formulary	General Formulary Maintenance	Biosimilars (Adalimumab-AATY and Adalimumab-ADBIM) are covered on Tier 5 with Prior Authorization and Quantity Limits

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9/1/2025	HUMIRA PEN INJECTION CD/UC/HS 40MG/0.8ML AUTO INJECTOR KIT		Remove from Formulary	General Formulary Maintenance	Biosimilars (Adalimumab-AATY and Adalimumab-ADBIM) are covered on Tier 5 with Prior Authorization and Quantity Limits

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8/1/2025		eslicarbazepine acetate 200mg, 400mg, 600mg, 800mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
8/1/2025		jaimiess oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
8/1/2025	KALETRA 400MG/5ML; 100MG/5ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
8/1/2025		lojaimiess oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
8/1/2025		rosyrah oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
8/1/2025	SUNLENCA 300MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is in Tier 5 with Quantity Limits

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8/1/2025		tolvaptan 15mg, 15mg; 30mg, 15mg; 45mg, 30mg; 60mg, 30mg; 90mg oral tablet pack	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
8/1/2025		valtya 1/50 50mcg; 1mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

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7/1/2025		amnestem 30mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
7/1/2025	PAXLOVID 150MG; 100MG ORAL TABLET DOSE PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
7/1/2025	YESINTEK 45MG/0.5ML INJECTABLE SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
7/1/2025	YESINTEK 45MG/0.5ML INJECTABLE SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits

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6/1/2025		abirtega 250mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
6/1/2025	ALYFTREK 50MG; 20MG; 4MG, 125MG; 50MG; 10MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
6/1/2025	ATTRUBY 356MG ORAL TABLET PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
6/1/2025		clindamycin phosphate 300mg/2ml, 600mg/4ml injection	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
6/1/2025	EULEXIN 125MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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6/1/2025	GOMEKLI 1MG, 2MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
6/1/2025	GOMEKLI 1MG TABLET FOR ORAL SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
6/1/2005	LEUKERAN 2MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
6/1/2025		mercaptopurine 2000mg/100ml oral suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
6/1/2025	NATACYN 5% OPHTHALMIC SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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6/1/2025	RALDESY 10MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
6/1/2025	REVUFORJ 25MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
6/1/2025	ROMVIMZA 14MG, 20MG, 30MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
6/1/2025	STELARA 45MG/0.5ML INJECTION		Remove from Formulary	General Formulary Maintenance	Biosimilars (Wezlana & Yesintek) are covered on Tier 5 with Prior Authorization & Quantity Limits

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6/1/2025	STELARA 45MG/0.5ML, 90MG/ML PREFILLED SYRINGE		Remove from Formulary	General Formulary Maintenance	Biosimilars (Wezlana & Yesintek) are covered on Tier 5 with Prior Authorization & Quantity Limits
6/1/2025	TABLOID 40MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
6/1/2025	VIMKUNYA 40MCG/0.8ML INJECTION, VACCINE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
6/1/2025	VYZULTA 0.024% OPHTHALMIC SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
6/1/2025	XPOVIO 40 MG ONCE WEEKLY CARTON- 10 MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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6/1/2025	YESINTEK 45MG/0.5ML, 90MG/ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
6/1/2025	YESINTEK 45MG/0.5ML INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

**The following drugs were updated to remove Prior Authorization *only*; there are no changes to tiering or other utilization management information:**

amitriptyline hydrochloride 10mg, 25mg, 50mg, 75mg, 100mg, 150mg oral tablet	benztropine mesylate 0.5mg, 1mg, 2mg oral tablet	chlordiazepoxide hydrochloride/clidinium bromide 5mg-2.5mg oral capsule
chlorpromazine hydrochloride 10mg, 25mg, 50mg, 100mg, 200mg oral tablet	chlorpromazine hydrochloride 100mg/ml, 30mg/ml oral concentrated solution	clozapine 12.5mg, 25mg, 100mg, 150mg, 200mg orally disintegrating tablet
clozapine 25mg, 50mg, 100mg, 200mg oral tablet	COMPRO 25MG SUPPOSITORY	cyclobenzaprine hydrochloride 5mg, 7.5mg, 10mg oral tablet
darifenacin hydrobromide 7.5mg, 15mg extended release oral tablet	dicyclomine hydrochloride 10mg oral capsule	dicyclomine hydrochloride 10mg/5ml oral solution

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dicyclomine hydrochloride 20mg oral tablet	diphenoxylate/atropine 2.5mg/5ml oral liquid	diphenoxylate hydrochloride/atropine sulfate 2.5mg oral tablet
doxepin hydrochloride 10mg, 25mg, 50mg, 75mg, 100mg, 150mg oral capsule	doxepin hydrochloride 10mg/ml oral concentrated solution	hydroxyzine hydrochloride 10mg/5ml oral syrup
hydroxyzine hydrochloride 10mg, 25mg, 50mg oral tablet	hydroxyzine pamoate 25mg, 50mg oral capsule	hydroxyzine hydrochloride 10mg/5ml oral syrup
imipramine hydrochloride 10mg, 25mg, 50mg oral tablet	imipramine pamoate 75mg, 100mg, 125mg, 150mg oral capsule	meclizine hydrochloride 12.5mg, 25mg oral tablet
nortriptyline hydrochloride 10mg, 25mg, 50mg, 75mg oral capsule	nortriptyline hydrochloride 10mg/5ml oral solution	olanzapine 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg oral tablet
olanzapine 5mg, 10mg, 15mg, 20mg orally disintegrating tablet	oxybutynin chloride 5mg/5ml oral solution	oxybutynin chloride 5mg, 10mg, 15mg extended release oral tablet
oxybutynin chloride 5mg oral tablet	paroxetine 7.5mg oral capsule	paroxetine hydrochloride 10mg/5ml oral suspension
paroxetine hydrochloride 10mg, 20mg, 30mg, 40mg oral tablet	perphenazine 2mg, 4mg, 8mg, 16mg oral tablet	prochlorperazine 25mg suppository
prochlorperazine maleate 5mg, 10mg oral tablet	promethazine hydrochloride plain 6.25mg/5ml, 12.5mg/10ml oral solution	promethazine hydrochloride 12.5mg, 25mg suppository
promethazine hydrochloride 12.5mg, 25mg, 50mg oral tablet	PROMETHEGAN 12.5MG, 25MG SUPPOSITORY	solifenacin succinate 5mg, 10mg oral tablet

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tolterodine tartrate 2mg, 4mg extended release oral capsule	tolterodine tartrate 1mg, 2mg oral tablet	trihexyphenidyl hydrochloride 0.4mg/ml oral solution
trihexyphenidyl hydrochloride 2mg, 5mg oral tablet	trospium chloride 60mg extended release oral capsule	trospium chloride 20mg oral tablet
VERSACLOZ 50MG/ML ORAL SUSPENSION		

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
5/1/2025		donepezil HCl/memantine HCl 10-14mg, 10-21mg, 10-28mg extended-release oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025		feirza 1.5/30, 28-day oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2025		feirza 1/20, 28-day oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2025	HUMALOG TEMPO PEN 100UNIT/ML PEN INJECTOR WITH TRANSMITTER PORT		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025		isosorbide mononitrate 10mg, 20mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 1
5/1/2025	LAGEVRIO 200MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
5/1/2025	LYUMJEV 100UNIT/ML INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	LYUMJEV KWIKPEN 100UNIT/ML, 200UNIT/ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	LYUMJEV TEMPO PEN 100UNIT/ML PEN INJECTOR WITH TRANSMITTER PORT		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	NURTEC 75MG ORAL DISINTEGRATING TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2025	VIVOTIF DELAYED RELEASE ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
5/1/2025	WEZLANA 45MG/0.5ML INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2025	WEZLANA 45MG/0.5ML, 90MG/ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2025		xarah fe oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2025		donepezil 10mg oral tablet	Increase Quantity Limits	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
5/1/2025		donepezil 10mg oral disintegrating tablet	Increase Quantity Limits	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
4/1/2025	HARVONI 45MG/200MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
4/1/2025		mesna 400mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
4/1/2025	PREVYMIS 20MG, 120MG ORAL PELLET PACKETS		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
4/1/2025		topiramate 50mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

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**The following drugs were updated to remove quantity limit restrictions *only*; there are no changes to tiering or other utilization management information:**

ABIRATERONE ACETATE 250MG ORAL TABLET	AKEEGA 500MG-50MG, 500MG-100MG ORAL TABLETS	ALECENSA 150MG ORAL CAPSULE
APREPITANT 80MG CAPSULE, 80MG & 125MG CAPSULE THERAPY PACK	AUGTYRO 40MG, 160MG ORAL CAPSULE	BESREMI 500MCG/ML PREFILLED SYRINGE
BOSULIF 50MG, 100MG ORAL CAPSULE	BOSULIF 100MG, 400MG, 500MG ORAL TABLETS	BRAFTOVI 75MG ORAL CAPSULE
CALQUENCE 100MG ORAL TABLET	ERLEADA 60MG, 240MG ORAL TABLETS	FLUOROURACIL 5% TOPICAL CREAM
FOTIVDA 0.89MG, 1.34MG ORAL CAPSULE	FRUZAQLA 1MG, 5MG ORAL CAPSULE	GAVRETO 100MG ORAL CAPSULE
GILOTRIF 20MG, 30MG, 40MG ORAL TABLETS	IBRANCE 75MG, 100MG, 125MG ORAL CAPSULES	IBRANCE 75MG, 100MG, 125MG ORAL TABLETS
IMATINIB MESYLATE 100MG, 400MG ORAL TABLETS	IMBRUVICA 70MG, 140MG ORAL CAPSULES	IMBRUVICA 70MG/ML ORAL SUSPENSION
IMBRUVICA 420MG ORAL TABLET	INQOVI 100MG-35MG ORAL TABLET	ITOVEBI 3MG, 9MG ORAL TABLETS
IWILFIN 192MG ORAL TABLET	JAKAFI 5MG, 10MG, 15MG, 20MG, 25MG ORAL TABLETS	JAYPIRCA 50MG, 100MG ORAL TABLETS

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KRAZATI 200MG ORAL TABLET	LAZCLUZE 80MG, 240MG ORAL TABLETS	LENALIDOMIDE 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG ORAL CAPSULES
LORBRENA 25MG, 100MG ORAL TABLETS	LUMAKRAS 120MG, 240MG, 320MG ORAL TABLETS	LYTGOBI 4MG TABLET THERAPY PACKS (12MG, 16MG, 20MG DAILY DOSE)
MEKINIST 0.05MG/ML ORAL SOLUTION	MEKINIST 0.5MG, 2MG ORAL TABLETS	MEKTOVI 15MG ORAL TABLET
NEULASTA 6MG/0.6ML PREFILLED SYRINGE	NINLARO 2.3MG, 3MG, 4MG ORAL CAPSULES	NUBEQA 300MG ORAL TABLET
OGSIVEO 50MG, 100MG, 150MG ORAL TABLETS	OJEMDA 25MG/ML ORAL SUSPENSION	OJEMDA 100MG ORAL TABLET
OJJAARA 100MG, 150MG, 200MG ORAL TABLETS	ONUREG 200MG, 300MG ORAL TABLETS	ORGOVYX 120MG ORAL TABLET
ORSERDU 86MG, 345MG ORAL TABLETS	PAZOPANIB HCL 200MG ORAL TABLET	PEGASYS 180MCG/0.5ML PREFILLED SYRINGE
PIMECROLIMUS 1% TOPICAL CREAM	POMALYST 1MG, 2MG, 3MG, 4MG ORAL CAPSULES	QINLOCK 50MG ORAL TABLET
RETEVMO 40MG, 80MG ORAL CAPSULES	RETEVMO 40MG, 80MG, 120MG, 160MG ORAL TABLETS	REZUROCK 200MG ORAL TABLETS
ROZLYTREK 50MG ORAL PELLETT PACK	RYDAPT 25MG ORAL CAPSULE	SCEMBLIX 20MG, 40MG, 100MG ORAL TABLETS

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SORAFENIB TOSYLATE 200MG ORAL TABLET	RABRECTA 150MG, 200MG ORAL TABLETS	TAFINLAR 50MG, 75MG ORAL CAPSULES
TAFINLAR 10MG TABLET FOR ORAL SUSPENSION	TEPMETKO 225MG ORAL TABLET	TRUQAP 160MG, 200MG ORAL TABLETS
TUKYSA 50MG, 150MG ORAL TABLETS	VANFLYTA 17.7MG, 26.5MG ORAL TABLETS	VENCLEXTA TABLET THERAPY STARTER PACK
VENCLEXTA 10MG, 50MG, 100MG ORAL TABLETS	VITRAKVI 25MG, 100MG ORAL CAPSULES	VONJO 100MG ORAL CAPSULE
VORANIGO 10MG, 40MG ORAL TABLETS	WELIREG 40MG ORAL TABLET	XALKORI 200MG, 250MG ORAL CAPSULES
XALKORI 20MG, 50MG, 150MG ORAL SPRINKLE CAPSULES	XERMELO 250MG ORAL TABLET	XTANDI 40MG ORAL CAPSULE
XTANDI 40MG, 80MG ORAL TABLETS	ZEJULA 100MG, 200MG, 300MG ORAL TABLETS	ZELBORAF 240MG ORAL TABLET

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<b>Effective Date</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Type of Change</b>	<b>Reason for Change</b>	<b>Notes</b>
3/1/2025	IMKELDI 80MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
3/1/2025	LAGEVRIO 200MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
3/1/2025	REVUFORJ 110MG, 160MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
2/1/2025	AUGTYRO 160MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	COBENFY 20MG/50MG, 30MG/125MG, 20MG/100MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	COBENFY 28-DAY STARTER PACK ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025		dasatinib 20mg, 50mg, 70mg, 80mg, 100mg, 140mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2025		gallifrey 5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
2/1/2025	ITOVEBI 3MG, 9MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	LAZCLUZE 80MG, 240MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025		lofexidine hydrochloride 0.18mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
2/1/2025	LUMAKRAS 240MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025		oxcarbazepine 300mg, 600mg extended-release oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Step Therapy

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
2/1/2025		quinapril/hydrochlorothiazide 12.5mg/10mg, 12.5mg/20mg, 25mg/20mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
2/1/2025	RINVOQ LQ 1MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025		tazarotene 0.05% topical cream	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
2/1/2025	VORANIGO 10MG, 40MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	VOYDEYA 150MG DOSE, 200MG DOSE ORAL TABLET PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
2/1/2025		nebivolol 2.5mg, 5mg, 10mg, 20mg oral tablet	Remove Step Therapy	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits