

## Prescription Blue<sup>SM</sup> PDP



Blue Cross  
Blue Shield  
of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

### Attention Blue Cross Blue Shield of Michigan members:

### This is a list of changes made to the Prescription Blue Select and Premium Core Comprehensive formulary since its initial release in October 2024

Blue Cross 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 Blue Cross 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 Prescription Blue ever denies coverage for your prescription drugs, we'll explain our decision to you. You always have the right to appeal and ask us to review a claim denial. For more detailed information about your Blue Cross prescription drug coverage, please review your Prescription Blue *Formulary* or *Evidence of Coverage*.

If you have questions about the Blue Cross drug formulary, call Customer Service at 1-800-565-1770. Hours are from 8 a.m. to 9 p.m. Eastern time, Monday through Friday. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week. TTY users call 711.

**Prescription Blue PDP Select and Premium  
Core Comprehensive Formulary**

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Prescription Blue PDP Select and Premium  
Core 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>                           |
|-----------------------|---|---|-----------------------|-------------------------------|--|
| 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              |   | esomeprazole magnesium 20mg, 40mg capsule delayed release                           | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 with Quantity Limits |
| 5/1/2025              | HUMALOG 100UNIT/ML SOLUTION CARTRIDGE   |   | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3                      |
| 5/1/2025              | HUMALOG 100UNIT/ML INJECTION SOLUTION   |   | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3                      |
| 5/1/2025              | HUMALOG KWIKPEN 100UNIT/ML PEN INJECTOR |   | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3                      |

## Prescription Blue PDP Select and Premium Core Comprehensive Formulary

(Updated 5/1/2025)

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Core Comprehensive Formulary (additions, deletions, changes in coverage)  
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|----------------|--|--------------|-----------------------|-------------------------------|-------------------|
| 5/1/2025       | HUMALOG JUNIOR KWIKPEN 100UNIT/ML PEN INJECTOR                 |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | HUMALOG TEMPO PEN 50UNIT/ML PEN INJECTOR WITH TRANSMITTER PORT |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | HUMALOG MIX KWIKPEN 50/50, 75/25 PEN INJECTOR                  |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | HUMALOG MIX 75/25 SUSPENSION                                   |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | HUMULIN KWIKPEN 70/30 PEN INJECTOR                             |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | HUMULIN 70/30 SUSPENSION                                       |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |

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(Updated 5/1/2025)

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Core Comprehensive Formulary (additions, deletions, changes in coverage)**

**Most recent changes appear at the beginning**

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|----------------|---|--------------|-----------------------|-------------------------------|-------------------|
| 5/1/2025       | HUMULIN N 100UNIT/ML SUSPENSION                       |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | HUMULIN N KWIKPEN 100UNIT/ML PEN INJECTOR             |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | HUMULIN R 100UNIT/ML SOLUTION                         |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | INSULIN LISPRO 100UNIT/ML SOLUTION                    |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | INSULIN LISPRO JUNIOR KWIKPEN 100UNIT/ML PEN INJECTOR |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |
| 5/1/2025       | INSULIN LISPRO KWIKPEN 100UNIT/ML PEN INJECTOR        |              | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |

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(Updated 5/1/2025)

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|----------------|---|--|-----------------------|-------------------------------|--|
| 5/1/2025       | INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN 25UNIT/ML; 75UNIT/ML PEN INJECTOR |  | 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 2                      |
| 5/1/2025       | LAGEVRIO 200MG ORAL CAPSULE   |  | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 with Quantity Limits |
| 5/1/2025       |   | lansoprazole 15mg, 30mg oral capsule delayed release | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 2 with Quantity Limits |
| 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                      |

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(Updated 5/1/2025)

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|----------------|---|--|-----------------------|-------------------------------|--|
| 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       |   | nadolol 20mg, 40mg, 80mg oral tablet   | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 4  |
| 5/1/2025       |   | naratriptan 1mg, 2.5mg oral tablet     | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 with Quantity Limits                       |
| 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       |   | progesterone 100mg, 200mg oral capsule | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3  |

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(Updated 5/1/2025)

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|----------------|--|--------------------------------------|-----------------------|-------------------------------|--|
| 5/1/2025       | SOLIQUA 100UNIT/ML; 33MCG/ML INJECTION |                                      | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 with Quantity Limits                         |
| 5/1/2025       |  | testosterone 1.62% transdermal gel   | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 4 with Prior Authorization and Quantity Limits |
| 5/1/2025       |  | testosterone pump 1% transdermal gel | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 4 with Prior Authorization & Quantity Limits   |
| 5/1/2025       | VIVOTIF DELAYED RELEASE ORAL CAPSULE   |                                      | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3  |
| 5/1/2025       | WEZLANA 45MG/0.5ML INJECTION           |                                      | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 5 with Prior Authorization & Quantity Limits   |

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|----------------|--|--|--------------------------------|-------------------------------------|---|
| 5/1/2025       | WEZLANA 45MG/0.5ML, 90MG/ML<br>PREFILLED SYRINGE |  | Addition to<br>Formulary       | General<br>Formulary<br>Maintenance | Drug is on Tier 5<br>with Prior<br>Authorization &<br>Quantity Limits |
| 5/1/2025       |  | donepezil 10mg oral tablet                   | Increase<br>Quantity<br>Limits | General<br>Formulary<br>Maintenance | Drug is on Tier 2<br>with Quantity Limits                             |
| 5/1/2025       |  | donepezil 10mg oral disintegrating<br>tablet | Increase<br>Quantity<br>Limits | General<br>Formulary<br>Maintenance | Drug is on Tier 3<br>with Quantity Limits                             |
| 5/1/2025       | HUMALOG KWIKPEN 200UNIT/ML PEN<br>INJECTOR       |  | Decrease Tier                  | General<br>Formulary<br>Maintenance | Drug is on Tier 3   |



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| Effective Date | Brand Name                                  | Generic Name  | Type of Change        | Reason for Change             | Notes  |
|----------------|---|---|-----------------------|-------------------------------|--|
| 4/1/2025       |   | amphetamine-dextroamphetamine 5mg, 10mg, 15mg, 20mg, 25mg, 30mg oral capsule extended release 24-hour | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 4 with Quantity Limits                         |
| 4/1/2025       | HARVONI 45MG/200MG ORAL TABLET              |   | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 5 with Prior Authorization and Quantity Limits |
| 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 PELLETT<br>PACKET |   | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 5 with Prior Authorization and Quantity Limits |
| 4/1/2025       |   | telmisartan 20mg, 40mg, 80mg oral tablets   | Addition to Formulary | General Formulary Maintenance | Drugs is on Tier 1 with Quantity Limits                        |

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|----------------|------------|------------------------------|-----------------------|-------------------------------|-------------------|
| 4/1/2025       |            | topiramate 50mg oral capsule | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 |

**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 CAPSULES           | AYVAKIT 25MG, 50MG, 100MG, 200MG, 300MG ORAL TABLETS |
| BALVERSA 3MG, 4MG, 5MG ORAL TABLETS                         | BESREMI 500MCG/ML PREFILLED SYRINGE         | BEXAROTENE 1% TOPICAL GEL                            |
| BOSULIF 50MG, 100MG ORAL CAPSULES                           | BOSULIF 100MG, 400MG, 500MG ORAL TABLETS    | BRAFTOVI 75MG ORAL CAPSULE                           |
| BRUKINSA 80MG ORAL CAPSULE                                  | CABOMETYX 20MG, 40MG, 60MG ORAL TABLETS     | CALQUENCE 100MG ORAL TABLETS                         |
| DASATINIB 20MG, 50MG, 70MG, 80MG, 100MG, 140MG ORAL TABLETS | DRONABINOL 2.5MG, 5MG, 10MG ORAL CAPSULES   | ERLEADA 60MG, 240MG ORAL TABLETS                     |

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|   |   |  |
|---|---|--|
| ERLOTINIB HCL 25MG, 100MG, 150MG ORAL TABLETS   | EVEROLIMUS 2.5MG, 5MG, 7.5MG, 10MG ORAL TABLETS               | FLUOROURACIL 5% TOPICAL CREAM                                  |
| FOTIVDA 0.89MG, 1.34MG ORAL CAPSULES            | FRUZAQLA 1MG, 5MG ORAL CAPSULES                               | GAVRETO 100MG ORAL CAPSULES                                    |
| GILOTRIF 20MG, 30MG, 40MG ORAL TABLETS          | GRANISETRON HCL 1MG ORAL TABLET                               | IBRANCE 75MG, 100MG, 125MG ORAL TABLETS                        |
| IBRANCE 75MG, 100MG, 125MG ORAL CAPSULES        | IDHIFA 50MG, 100MG ORAL TABLETS                               | IMATINIB MESYLATE 100MG, 400MG ORAL TABLETS                    |
| IMBRUVICA 70MG, 140MG ORAL CAPSULES             | IMBRUVICA 70MG/ML ORAL SUSPENSION                             | IMBRUVICA 420MG ORAL TABLET                                    |
| IMIQUIMOD 5% TOPICAL CREAM                      | INLYTA 1MG, 5MG ORAL TABLETS                                  | INQOVI 100MG-35MG ORAL TABLET                                  |
| INREBIC 100MG ORAL CAPSULE                      | ITOVEBI 3MG, 9MG ORAL TABLETS                                 | IWILVIN 192MG ORAL TABLET                                      |
| JAKAFI 5MG, 10MG, 15MG, 20MG, 25MG ORAL TABLETS | JAYPIRCA 50MG, 100MG ORAL TABLETS                             | KRAZATI 200MG ORAL TABLETS                                     |
| LAZCLUZE 80MG, 240MG ORAL TABLETS               | LENALIDOMIDE 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG ORAL CAPSULES | LOBRENA 25MG, 100MG ORAL TABLETS                               |
| LUMAKRAS 120MG, 240MG, 320MG ORAL TABLETS       | LYNPARZA 100MG, 150MG 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 TABLETS                                      |
| NINLARO 2.3MG, 3MG, 4MG ORAL CAPSULES           | NUBEQA 300MG ORAL TABLETS                                     | OGSIVEO 50MG, 100MG, 150MG ORAL TABLETS                        |

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|   |                                      |  |
|---|--------------------------------------|--|
| OJEMDA 25MG/ML ORAL SUSPENSION                            | OJEMDA 100MG ORAL TABLET             | OJJAARA 100MG, 150MG, 200MG ORAL TABLETS                   |
| ONDANSETRON HCL 4MG/5ML ORAL SOLUTION                     | 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                     |
| PEMAZYRE 4.5MG, 9MG, 13.5MG ORAL TABLETS                  | PIMECROLIMUS 1% TOPICAL CREAM        | PIQRAY 200MG, 250MG, 300MG DAILY DOSE TABLET THERAPY PACKS |
| POMALYST 1MG, 2MG, 3MG, 4MG ORAL CAPSULES                 | QINLOCK 50MG ORAL TABLET             | RETEVMO 40MG, 80MG ORAL CAPSULES                           |
| RETEVMO 40MG, 80MG, 120MG, 160MG ORAL TABLETS             | REZLIDHIA 150MG ORAL CAPSULE         | REZUROCK 200MG ORAL TABLET                                 |
| ROZLYTREK 50MG PELLET PACK                                | ROZLYTREK 100MG, 200MG ORAL CAPSULES | RYDAPT 25MG ORAL CAPSULE                                   |
| SCEMBLIX 20MG, 40MG, 100MG ORAL TABLETS                   | SORAFENIB TOSYLATE 200MG ORAL TABLET | SPRYCEL 20MG, 50MG, 70MG, 80MG, 100MG, 140MG ORAL TABLETS  |
| SUNITINIB MALATE 12.5MG, 25MG, 37.5MG, 50MG ORAL CAPSULES | TABRECTA 150MG, 200MG ORAL TABLETS   | TAFINLAR 50MG, 75MG ORAL CAPSULES                          |
| TAFINLAR 10MG TABLET FOR ORAL SUSPENSION                  | TAGRISSO 40MG, 80MG ORAL TABLETS     | TASIGNA 50MG, 150MG, 200MG ORAL CAPSULES                   |
| TAZVERIK 200MG ORAL TABLET                                | TEPMETKO 225MG ORAL TABLET           | THALOMID 50MG, 100MG ORAL CAPSULES                         |

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|  |  |  |
|--|--|--|
| TORPENZ 2.5MG, 5MG, 7.5MG, 10MG ORAL TABLETS | TRUQAP 160MG, 200MG ORAL TABLETS   | TUYKYS 50MG, 150MG ORAL TABLETS                          |
| TURALIO 125MG ORAL CAPSULE                   | VALCHLOR 0.016% TOPICAL GEL  | VANFLYTA 17.7MG, 26.5MG ORAL TABLETS                     |
| VENCLEXTA TABLET THERAPY STARTER PACK        | VENCLEXTA 10MG, 50MG, 100MG ORAL TABLETS                                       | VERZENIO 50MG, 100MG, 150MG, 200MG 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                    | XPOVIO 40MG WEEKLY, 60MG WEEKLY, 80MG WEEKLY, 100MG WEEKLY TABLET THERAPY PACK | XPOVIO 40MG, 60MG, 80MG TWICE WEEKLY TABLET THERAPY PACK |
| XTANDI 40MG ORAL CAPSULE                     | XTANDI 40MG, 80MG ORAL TABLETS   | ZEJULA 100MG, 200MG, 300MG ORAL TABLETS                  |
| ZELBORAF 240MG ORAL TABLET                   | ZYDELIG 100MG, 150MG ORAL TABLETS  |  |

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|-----------------------|-----------------------------------|---------------------|-----------------------|-------------------------------|--|
| 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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|----------------|--|--|-----------------------|-------------------------------|--|
| 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 & Quantity Limits |

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|----------------|----------------------------------|---|-----------------------|-------------------------------|--|
| 2/1/2025       |                                  | gallifrey 5mg oral tablet   | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 2  |
| 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       | LUMAKRAS 240MG ORAL TABLET       |   | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 5 with Prior Authorization & Quantity Limits |
| 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 with Quantity Limits                       |



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|----------------|--|---|-----------------------|-------------------------------|--|
| 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       | 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 |
| 2/1/2025       |  | wixela inhub 110mcg/50mcg, 250mcg/50mcg, 500mcg/50mcg inhalation powder | Addition to Formulary | General Formulary Maintenance | Drug is on Tier 3 with Quantity Limits                       |
| 2/1/2025       | NAMZARIC 7MG/10MG, 14MG/10MG, 21MG/10MG, 28MG/10MG EXTENDED-RELEASE ORAL CAPSULE |   | Decrease to Tier 3    | General Formulary Maintenance | Drug is on Tier 3  |

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|-----------------------|---|--|-----------------------|-------------------------------|--|
| 2/1/2025              | NAMZARIC EXTENDED-RELEASE ORAL CAPSULE TITRATION PACK |  | Decrease to Tier 3    | General Formulary Maintenance | Drug is on Tier 3                      |
| 2/1/2025              |   | nebivolol 2.5mg, 5mg, 10mg, 20mg oral tablet | Remove Step Therapy   | General Formulary Maintenance | Drug is on Tier 4 with Quantity Limits |