Pharmacy Update

The formulary changes below meet requirements set by the State of Michigan and the Common Formulary Workgroup. Blue Cross Complete is a member of Michigan Managed Care Common Formulary Workgroup.

Please Note: Changes established by the Common Formulary Workgroup may not be posted immediately. Please allow time for documents to be updated and posted. New information will be posted as soon as possible.

Medication Name	Preferred Drug List Update*	Effective Date
ASMANEX TWISTHALER 110 MCG #30	Added QL max 1 inhaler/fill	2/1/2021
BETAMETHASONE DP 0.05% CRM BETAMETHASONE DP 0.05% LOT BETAMETHASONE DP 0.05% OINT	Moved to PDL Preferred	2/1/2021
BUTRANS 5 MCG/HR PATCH BUTRANS 7.5 MCG/HR PATCH BUTRANS 10 MCG/HR PATCH BUTRANS 15 MCG/HR PATCH BUTRANS 20 MCG/HR PATCH	Moved to PDL Preferred with QL max 6 patches/28 days	2/1/2021
CARBIDOPA-LEVO ER 25-100 TAB CARBIDOPA-LEVO ER 50-200 TAB	Moved to PDL Preferred	2/1/2021
CATAPRES-TTS 1 PATCH CATAPRES-TTS 2 PATCH CATAPRES-TTS 3 PATCH	Moved to PDL Brand Preferred over Generic. Pharmacy must utilize DAW-9 for brand reimbursement	2/1/2021
CLIND PH-BENZOYL PERO 1.2-2.5% CLIND PH-BENZOYL PEROX 1.2-5% CLINDA-BENZOYL PEROX 1-5% PUMP CLINDAMYCIN-BENZOYL PEROX 1-5%	Moved to PDL Preferred and removed PA	2/1/2021
CLONIDINE 0.1 MG/DAY PATCH CLONIDINE 0.2 MG/DAY PATCH CLONIDINE 0.3 MG/DAY PATCH	Moved to PDL NonPreferred *Brand Preferred over generic requirement*	2/1/2021
EUCRISA 2% OINTMENT	Moved to PDL Preferred with PA	2/1/2021
GRALISE ER 300 MG TABLET	Updated QL max 2 tablets/day	2/1/2021
HORIZANT ER 300 MG TABLET	Updated QL max 2 tablets/day	2/1/2021
IMITREX 5 MG NASAL SPRAY IMITREX 20 MG NASAL SPRAY	Moved to PDL Brand Preferred over Generic.	2/1/2021

*AL=Age Limit, PA=Prior Authorization, ST=Requires Step Therapy, QL=Quantity Limit, CO=Carve Out, **NDC**=National Drug Code, **CSHCS**=Children's Special Healthcare Services, **NSO**=New Starts Only

PH-ANR35Rev12521

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Medication Name	Preferred Drug List Update*	Effective Date
	Pharmacy must utilize DAW-9 for brand reimbursement	
KYNMOBI 10 MG SL FILM KYNMOBI 15 MG SL FILM KYNMOBI 20 MG SL FILM KYNMOBI 25 MG SL FILM KYNMOBI 30 MG SL FILM KYNMOBI TITRATION KIT	Added to PDL NonPreferred with PA	2/1/2021
LICART 1.3% PATCH	Added to PDL NonPreferred with PA and QL 15 patches/30 days	2/1/2021
LUCEMYRA 0.18 MG TABLET	Moved to PDL NonPreferred with PA and QL max of 224 tablets/14 days	2/1/2021
LYUMJEV 100 UNIT/ML KWIKPEN LYUMJEV 100 UNIT/ML VIAL LYUMJEV 200 UNIT/ML KWIKPEN	Added to PDL NonPreferred with PA, AL ≥ 18 years old and QL 90mL per claim	2/1/2021
NEUPRO 1 MG/24 HR PATCH NEUPRO 2 MG/24 HR PATCH NEUPRO 3 MG/24 HR PATCH NEUPRO 4 MG/24 HR PATCH NEUPRO 6 MG/24 HR PATCH NEUPRO 8 MG/24 HR PATCH	Added QL 30 patches/30 days	2/1/2021
NEXLIZET 180-10 MG TABLET	Added to PDL Preferred with PA and AL ≥ 18 years old	2/1/2021
ORIAHNN 300-1-0.5 MG/300 MG CAPS	Added to PDL Preferred with PA and AL ≥ 18 years old	2/1/2021
ORILISSA 150 MG TABLET ORILISSA 200 MG TABLET	Moved to PDL Preferred with PA and AL ≥ 18 years old	2/1/2021
REBIF 22 MCG/0.5 ML SYRINGE REBIF 44 MCG/0.5 ML SYRINGE REBIF REBIDOSE 22MCG/0.5 ML REBIF REBIDOSE 44MCG/0.5 ML REBIF REBIDOSE TITRATION PACK REBIF TITRATION PACK	Moved to PDL NonPreferred with PA	2/1/2021
RELPAX 20 MG TABLET REPLAX 40 MG TABLET	Moved to PDL NonPreferred with PA	2/1/2021
RETACRIT 20,000 UNIT/ML VIAL RETACRIT 200,00 UNIT/2 ML VIAL	Added to PDL Preferred with PA	2/1/2021
SAVELLA 12.5 MG TABLET SAVELLA 25 MG TABLET SAVELLA 50 MG TABLET SAVELLA 100 MG TABLET SAVELLA TITRATION PACK	Added QL max 60 tablets/ 30 days	2/1/2021

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Medication Name	Preferred Drug List Update*	Effective Date
TOSYMRA 10 MG NASAL SPRAY	Added QL max 6mL per claim	2/1/2021
TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET TRAMADOL HCL ER 100 MG TABLET TRAMADOL HCL ER 200 MG TABLET TRAMADOL HCL ER 300 MG TABLET	Moved to PDL Preferred with cumulative max MME of 120mg/day	2/1/2021
XEPI 1% CREAM	Added to formulary as NonPreferred PA required with QL 60 grams/30 days	2/1/2021
ZEPOSIA 0.23-0.46 MG START PCK ZEPOSIA 0.23-0.46-0.92 MG KIT ZEPOSIA 0.92 MG CAPSULE	Added to formulary as NonPreferred PA required	2/1/2021
ZOMIG 2.5 MG NASAL SPRAY ZOMIG 5 MG NASAL SPRAY	Moved to PDL NonPreferred PA required	2/1/2021
CATAPRES-TTS 1 PATCH CATAPRES-TTS 2 PATCH CATAPRES-TTS 3 PATCH CLONIDINE 0.1 MG/DAY PATCH CLONIDINE 0.2 MG/DAY PATCH CLONIDINE 0.3 MG/DAY PATCH	Updated QL to 4 patches/28 days.	1/1/2021
EMFLAZA 6 MG TABLET EMFLAZA 18 MG TABLET EMFLAZA 22.75 MG/ML ORAL SUSP EMFLAZA 30 MG TABLET EMFLAZA 36 MG TABLET	Formulary status updated to covered with PA with AL of ≥ 2 years old	1/1/2021
FARXIGA 5 MG TABLET FARXIGA 10 MG TABLET	Moved to Formulary-Preferred, PA removed	1/1/2021
FULPHILA 6 MG/0.6 ML SYRINGE	Moved to Formulary-Preferred, added QL of 0.6mL/14 days	1/1/2021
HYDROXYPROGESTERONE 250 MG/ML VIAL HYDROXYPROGESTERONE 1,250 MG/ML	Updated QL to max approval of 21 weeks	1/1/2021
INVOKANA 100 MG TABLET INVOKANA 300 MG TABLET	Remains Formulary-Preferred, PA removed	1/1/2021
JARDIANCE 10 MG TABLET JARDIANCE 25 MG TABLET	Remains Formulary-Preferred, PA removed	1/1/2021
NEULASTA 6 MG/0.6 ML SYRINGE NEULASTA ONPRO 6 MG/0.6 ML KIT	Remains Formulary-NonPreferred with QL of 0.6mL/14 days	1/1/2021
NEXLETOL 180 MG TABLET	Added to Formulary as NonPreferred with PA and AL of ≥ 18 years old	1/1/2021

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Medication Name	Preferred Drug List Update*	Effective Date
NURTEC ODT 75 MG TABLET	Added to Formulary as Preferred with PA, AL of ≥ 18 years old and QL of 15/30 days	1/1/2021
PALFORZIA INITIAL DOSE PACK PALFORZIA 3 MG (LEVEL 1) PALFORZIA 6 MG (LEVEL 2) PALFORZIA 12 MG (LEVEL 3) PALFORZIA 20 MG (LEVEL 4) PALFORZIA 40 MG (LEVEL 5) PALFORZIA 80 MG (LEVEL 6) PALFORZIA 120 MG (LEVEL 7) PALFORZIA 160 MG (LEVEL 8) PALFORZIA 200 MG (LEVEL 9) PALFORZIA 240 MG (LEVEL 10) PALFORZIA 300 MG (LEVEL 11) PALFORZIA 300 MG (MAINTENANCE)	Added to formulary and require PA with AL between 4 and 17 years old	1/1/2021
REYVOW 50 MG TABLET REYVOW 100 MG TABLET	Added to Formulary as NonPreferred with PA, AL of ≥ 18 years old and QL of 8/30 days	1/1/2021
STEGLATRO 5 MG TABLET STEGLATRO 15 MG TABLET	Remains Formulary-NonPreferred, PA updated	1/1/2021
SYNJARDY 5-500 MG TAB SYNJARDY 5-1,000 MG TAB SYNJARDY 12.5-500 MG TAB SYNJARDY 12.5-1,000 MG TAB SYNJARDY XR 5-1,000 MG TAB SYNJARDY XR 10-1,000 MG TAB SYNJARDY XR 12.5-1,000 MG TAB SYNJARDY XR 25-1,000 MG TAB	Remains Formulary-NonPreferred, PA updated	1/1/2021
TALICIA DR 10-250-12.5 MG CAP	Added to Formulary as NonPreferred with PA	1/1/2021
TRIJARDY XR 5-2.5-1,000 MG TAB TRIJARDY XR 10-5-1,000 MG TAB TRIJARDY XR 12.5-2.5-1,000 MG TAB TRIJARDY XR 25-5-1,000 MG TAB	Added to Formulary as NonPreferred with PA	1/1/2021
TRULICITY 3 MG/0.5 ML PEN TRULICITY 4.5 MG/0.5 ML PEN	Update to Formulary-NonPreferred and require PA	1/1/2021
UDENYCA 6 MG/0.6 ML SYRINGE	Moved to Formulary-Preferred, added QL of 0.6mL/14 days	1/1/2021
ZERVIATE 0.24% EYE DROP	Added to Formulary as NonPreferred with PA	1/1/2021

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ZIEXTENZO 6 MG/0.6 ML SYRINGE	Remains Formulary-NonPreferred with QL of 0.6mL/14 days	1/1/2021
ABSTRAL 100 MCG TAB SUBLINGUAL ABSTRAL 200 MCG TAB SUBLINGUAL ABSTRAL 300 MCG TAB SUBLINGUAL ABSTRAL 400 MCG TAB SUBLINGUAL ABSTRAL 600 MCG TAB SUBLINGUAL ABSTRAL 800 MCG TAB SUBLINGUAL	Update to Formulary-NonPreferred and require PA	10/1/2020
ACANYA GEL PUMP	Update to Formulary-NonPreferred and require PA	10/1/2020
ACARBOSE 25 MG TABLET ACARBOSE 50 MG TABLET ACARBOSE 100 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
ACCOLATE 10 MG TABLET ACCOLATE 20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ACCUPRIL 5 MG TABLET ACCUPRIL 10 MG TABLET ACCUPRIL 20 MG TABLET ACCUPRIL 40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ACCURETIC 10-12.5 MG TABLET ACCURETIC 20-12.5 MG TABLET ACCURETIC 20-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ACEBUTOLOL 200 MG CAPSULE ACEBUTOLOL 400 MG CAPSULE	Moves to NonPreferred, PA added	10/1/2020
ACETAMIN-CODEIN 300-30 MG/12.5	Formulary-Preferred	10/1/2020
ACETAMINOP-CODEINE 120-12 MG/5	Formulary-Preferred	10/1/2020
ACETAMINOP-CODEINE 120-12 MG/5	Formulary-Preferred, QL removed	10/1/2020
ACETAMINOPHEN-COD #2 TABLET ACETAMINOPHEN-COD #3 TABLET ACETAMINOPHEN-COD #4 TABLET	Formulary-Preferred, QL removed	10/1/2020
ACIPHEX SPRINKLE DR 5 MG CAP ACIPHEX SPRINKLE DR 10 MG CAP ACIPHEX DR 20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ACTEMRA 162 MG/0.9 ML SYRINGE ACTEMRA ACTPEN 162 MG/0.9 ML	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
ACTIGALL 300 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
ACTIQ 200 MCG LOZENGE ACTIQ 400 MCG LOZENGE ACTIQ 600 MCG LOZENGE ACTIQ 800 MCG LOZENGE ACTIQ 1,200 MCG LOZENGE ACTIQ 1,600 MCG LOZENGE	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
ACTONEL 5 MG TABLET ACTONEL 35 MG TABLET ACTONEL 150 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ACTOPLUS MET 15 MG-500 MG TAB ACTOPLUS MET 15 MG-850 MG TAB ACTOPLUS MET XR 15-1,000 MG TB	Update to Formulary-NonPreferred and require PA	10/1/2020
ACTOS 15 MG TABLET ACTOS 30 MG TABLET ACTOS 30 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ACULAR 0.5% EYE DROPS	Formulary-Preferred	10/1/2020
ACULAR LS 0.4% OPHTH SOL	Update to Formulary-NonPreferred and require PA	10/1/2020
ACUVAIL 0.45% OPHTH SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
ACYCLOVIR 200 MG CAPSULE ACYCLOVIR 400 MG TABLET ACYCLOVIR 800 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
ACYCLOVIR 200 MG/5 ML SUSP	Formulary-Preferred, AL removed	10/1/2020
ACYCLOVIR 5% CREAM* ACYCLOVIR 5% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
ACYCLOVIR 800 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
ADALAT CC 30 MG TABLET ADALAT CC 60 MG TABLET ADALAT CC 90 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ADCIRCA 20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ADEMPAS 0.5 MG TABLET ADEMPAS 1 MG TABLET ADEMPAS 1.5 MG TABLET ADEMPAS 2 MG TABLET ADEMPAS 2.5 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
ADLYXIN 10-20 MCG STARTER PACK ADLYXIN 20 MCG MAINTENANCE PK	Update to Formulary-NonPreferred and require PA	10/1/2020

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ADMELOG 100 UNIT/ML VIAL* ADMELOG SOLOSTAR 100 UNIT/ML*	Moves to NonPreferred, PA added	10/1/2020
ADVAIR 100-50 DISKUS ADVAIR 250-50 DISKUS ADVAIR 250-50 DISKUS	Update to Formulary-Preferred; QL Added	10/1/2020
ADVAIR HFA 45-21 MCG INHALER ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER	Formulary-Preferred, QL Added	10/1/2020
AFREZZA 4 UNIT CARTRIDGE AFREZZA 4 UNIT/8 UNIT/12 UNIT AFREZZA 90-4 UNIT / 90-8 UNIT	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
AGGRENOX 25 MG-200 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
AIMOVIG 70 MG/ML AUTOINJECTOR AIMOVIG 140 MG/ML AUTOINJECTOR	Update to Formulary-NonPreferred, AL removed	10/1/2020
AIRDUO RESPICLICK 55-14 MCG AIRDUO RESPICLICK 113-14 MCG AIRDUO RESPICLICK 232-14 MCG	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
AJOVY 225 MG/1.5 ML SYRINGE	Update to Formulary-NonPreferred, AL removed	10/1/2020
AKYNZEO 300-0.5 MG CAPSULE	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
ALA-CORT 1% CREAM ALA-SCALP 2% LOTION	Update to Formulary-NonPreferred and require PA	10/1/2020
ALAWAY 0.025% EYE DROPS CHILD'S ALAWAY 0.025% EYE DROP	Formulary-Preferred, QL removed	10/1/2020
ALBUTEROL HFA 90 MCG INHALER*	Moves to NonPreferred, PA added	10/1/2020
ALBUTEROL SUL 0.63 MG/3 ML SOL ALBUTEROL SUL 1.25 MG/3 ML SOL	Formulary-Preferred, QL removed	10/1/2020
ALCLOMETASONE DIPRO 0.05% CRM ALCLOMETASONE DIPR 0.05% OINT	Update to Formulary-NonPreferred and require PA	10/1/2020
ALENDRONATE SOD 70 MG/75 ML	Update to Formulary-NonPreferred and require PA	10/1/2020
ALENDRONATE SODIUM 5 MG TABLET ALENDRONATE SODIUM 10 MG TAB ALENDRONATE SODIUM 40 MG TAB	Formulary-Preferred, QL removed	10/1/2020
ALISKIREN 150 MG TABLET ALISKIREN 300 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
ALLOPURINOL 100 MG TABLET ALLOPURINOL 300 MG TABLET	Formulary-Preferred, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
ALMOTRIPTAN MALATE 6.25 MG TAB ALMOTRIPTAN MALATE 12.5 MG TAB	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
ALOCRIL 2% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
ALOGLIPTIN 6.25 MG TABLET ALOGLIPTIN 12.5 MG TABLET ALOGLIPTIN 25 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
ALOGLIPTIN-METFORMIN 12.5-500 ALOGLIPTIN-METFORMIN 12.5-1000	Moves to NonPreferred, PA added, QL Removed	10/1/2020
ALOGLIPTIN-PIOGLIT 12.5-15 MG ALOGLIPTIN-PIOGLIT 12.5-30 MG ALOGLIPTIN-PIOGLIT 12.5-45 MG ALOGLIPTIN-PIOGLIT 25-15 MG TB ALOGLIPTIN-PIOGLIT 25-30 MG TB ALOGLIPTIN-PIOGLIT 25-45 MG TB	Moves to NonPreferred, PA added, QL Removed	10/1/2020
ALOMIDE 0.1% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
ALOSETRON HCL 0.5 MG TABLET ALOSETRON HCL 1 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ALPHAGAN P 0.1% DROPS ALPHAGAN P 0.15% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
ALREX 0.2% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
ALTACE 1.25 MG CAPSULE ALTACE 2.5 MG CAPSULE ALTACE 5 MG CAPSULE ALTACE 10 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
ALTOPREV 20 MG TABLET ALTOPREV 40 MG TABLET ALTOPREV 60 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ALVESCO 80 MCG INHALER ALVESCO 160 MCG INHALER	Update to Formulary-NonPreferred and require PA	10/1/2020
ALYQ 20 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
AMANTADINE 100 MG CAPSULE AMANTADINE 50 MG/5 ML SOLUTION	Formulary-Preferred, QL removed	10/1/2020
AMANTADINE 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
AMARYL 1 MG TABLET AMARYL 2 MG TABLET AMARYL 4 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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AMBRISENTAN 5 MG TABLET AMBRISENTAN 10 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
AMCINONIDE 0.1% CREAM AMCINONIDE 0.1% LOTION	Update to Formulary-NonPreferred and require PA	10/1/2020
AMERGE 1 MG TABLET AMERGE 2.5 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
AMITIZA 8 MCG CAPSULE AMITIZA 24 MCG CAPSULES	Formulary-Preferred, PA removed, QL removed	10/1/2020
AMLODIPINE BESYLATE 2.5 MG TAB AMLODIPINE BESYLATE 5 MG TAB AMLODIPINE BESYLATE 10 MG TAB	Formulary-Preferred, QL removed	10/1/2020
AMLODIPINE-ATORVAST 2.5-10 MG AMLODIPINE-ATORVAST 2.5-20 MG AMLODIPINE-ATORVAST 2.5-40 MG AMLODIPINE-ATORVAST 5-10 MG AMLODIPINE-ATORVAST 5-20 MG AMLODIPINE-ATORVAST 5-40 MG AMLODIPINE-ATORVAST 5-80 MG AMLODIPINE-ATORVAST 10-10 MG AMLODIPINE-ATORVAST 10-20 MG AMLODIPINE-ATORVAST 10-40 MG AMLODIPINE-ATORVAST 10-80 MG	Update to Formulary-NonPreferred and require PA	10/1/2020
AMLODIPINE-OLMESARTAN 5-20 MG AMLODIPINE-OLMESARTAN 5-40 MG AMLODIPINE-OLMESARTAN 10-20 MG AMLODIPINE-OLMESARTAN 10-40 MG	Update to Formulary-NonPreferred and require PA	10/1/2020
AMLOD-VALSA-HCTZ 5-160-12.5 MG AMLOD-VALSA-HCTZ 5-160-25 MG AMLOD-VALSA-HCTZ 10-160-12.5MG AMLOD-VALSA-HCTZ 10-160-25 MG AMLOD-VALSA-HCTZ 10-320-25 MG	Formulary-Preferred	10/1/2020
AMRIX ER 15 MG CAPSULE AMRIX ER 30 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
ANCOBON 250 MG CAPSULE ANCOBON 500 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
ANDRODERM 2 MG/24HR PATCH ANDRODERM 4 MG/24HR PATCH	Update to Formulary-NonPreferred and require PA	10/1/2020
ANDROGEL 1%(2.5G) GEL PACKET ANDROGEL 1%(5G) GEL PACKET	Formulary-NonPreferred; Clinical PA	10/1/2020

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ANDROGEL 1.62% GEL PUMP ANDROGEL 1.62%(1.25G) GEL PCKT ANDROGEL 1.62%(2.5G) GEL PCKT	Formulary-NonPreferred; Clinical PA	10/1/2020
ANORO ELLIPTA 62.5-25 MCG INH	Update to Formulary-NonPreferred and require PA	10/1/2020
ANTARA 30 MG CAPSULE ANTARA 90 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
ANTI-DIARRHEAL 2 MG CAPLET ANTI-DIARRHEAL 2 MG TABLET	Formulary-Preferred	10/1/2020
ANTI-FUNGAL 1% POWDER	Formulary-Preferred	10/1/2020
ANTIFUNGAL 2% CREAM	Formulary-Preferred	10/1/2020
APADAZ 4.08-325 MG TABLET APADAZ 6.12-325 MG TABLET APADAZ 8.16-325 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
APEXICON E 0.05% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
APIDRA 100 UNITS/ML VIAL APIDRA SOLOSTAR 100 UNITS/ML	Formulary-Preferred, QL Added	10/1/2020
APRACLONIDINE HCL 0.5% DROPS	Formulary-Preferred, QL removed	10/1/2020
APREPITANT 40 MG CAPSULE* APREPITANT 80 MG CAPSULE* APREPITANT 125 MG CAPSULE APREPITANT 125-80-80 MG PACK	Update to Formulary-NonPreferred and require PA, AL added, QL Added	10/1/2020
APRISO ER 0.375 GRAM CAPSULE	Formulary-Preferred; Brand Preferred	10/1/2020
AQUA GLYCOLIC HC 2% KIT	Update to Formulary-NonPreferred and require PA	10/1/2020
ARCAPTA NEOHALER 75 MCG CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
ARICEPT 5 MG TABLET ARICEPT 10 MG TABLET ARICEPT 23 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ARIXTRA 2.5 MG/0.5 ML SYRINGE ARIXTRA 5 MG/0.4 ML SYRINGE ARIXTRA 7.5 MG/0.6 ML SYRINGE ARIXTRA 10 MG/0.8 ML SYRINGE	Update to Formulary-NonPreferred and require PA	10/1/2020
ARNUITY ELLIPTA 100 MCG INH	Update to Formulary-NonPreferred and require PA	10/1/2020
ARNUITY ELLIPTA 200 MCG INH	Update to Formulary-NonPreferred and require PA	10/1/2020
ARNUITY ELLIPTA 50 MCG INH	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
ARTHROTEC 50 MG-200 MCG TAB ARTHROTEC 75 MG-200 MCG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
ARYMO ER 15 MG TABLET ARYMO ER 30 MG TABLET ARYMO ER 60 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ASACOL HD DR 800 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ASCOMP WITH CODEINE CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
ASMANEX HFA 50 MCG INHALER ASMANEX HFA 100 MCG INHALER ASMANEX HFA 200 MCG INHALER	Update to Formulary-NonPreferred and require PA	10/1/2020
ASMANEX TWISTHALER 110 MCG #30	Formulary-Preferred, AL added	10/1/2020
ASMANEX TWISTHALER 220 MCG #14 ASMANEX TWISTHALER 220 MCG #30 ASMANEX TWISTHALER 220 MCG #60 ASMANEX TWISTHALR 220 MCG #120	Formulary-Preferred	10/1/2020
ASPIRIN-DIPYRIDAM ER 25-200 MG	Update to Formulary-NonPreferred and require PA	10/1/2020
ATACAND 4 MG TABLET ATACAND 8 MG TABLET ATACAND 16 MG TABLET ATACAND 32 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ATACAND HCT 16-12.5 MG TAB ATACAND HCT 32-12.5 MG TAB ATACAND HCT 32-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ATELVIA DR 35 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
ATORVASTATIN 10 MG TABLET ATORVASTATIN 20 MG TABLET ATORVASTATIN 40 MG TABLET ATORVASTATIN 80 MG TABLET	Formulary - Preferred, QL less stringent	10/1/2020
AUBAGIO 7 MG TABLET AUBAGIO 14 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
AURYXIA 210 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
AVALIDE 150-12.5 MG TABLET AVALIDE 300-12.5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
AVANDIA 2 MG TABLET AVANDIA 4 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
AVAPRO 75 MG TABLET AVAPRO 150 MG TABLET AVAPRO 300 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
AVELOX 400 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
AVODART 0.5 MG SOFTGEL	Update to Formulary-NonPreferred and require PA	10/1/2020
AVONEX 30 MCG VIAL KIT AVONEX PREFILLED SYR 30 MCG KT	Formulary-Preferred, PA removed	10/1/2020
AVONEX PEN 30 MCG/0.5 ML KIT	Formulary-Preferred, PA removed, QL removed	10/1/2020
AYGESTIN 5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
AZASITE 1% EYE DROPS	Formulary-Preferred	10/1/2020
AZELASTINE 0.1% (137 MCG) SPRY	Formulary-Preferred, QL removed	10/1/2020
AZELASTINE 0.15% NASAL SPRAY	Formulary-Preferred	10/1/2020
AZELASTINE HCL 0.05% DROPS	Moves to NonPreferred, PA added, QL Removed	10/1/2020
AZILECT 1 MG TABLET AZILECT 0.5 MG TABLET	Update to Formulary-NonPreferred and require PA, AL added	10/1/2020
AZOPT 1% EYE DROPS	Formulary-Preferred	10/1/2020
AZOR 5-20 MG TABLET AZOR 5-40 MG TABLET AZOR 10-20 MG TABLET AZOR 10-40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
AZULFIDINE 500 MG TABLET AZULFIDINE ENTAB 500 MG	Update to Formulary-NonPreferred and require PA	10/1/2020
BACLOFEN 5 MG TABLET	Formulary-Preferred	10/1/2020
BALSALAZIDE DISODIUM 750 MG CP	Moves to NonPreferred, PA added	10/1/2020
BASAGLAR 100 UNIT/ML KWIKPEN	Moves to NonPreferred, PA added	10/1/2020
BAXDELA 450 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
BECONASE AQ 0.042% SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
BELBUCA 150 MCG FILM BELBUCA 300 MCG FILM BELBUCA 450 MCG FILM BELBUCA 600 MCG FILM	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
BELBUCA 75 MCG FILM BELBUCA 750 MCG FILM BELBUCA 900 MCG FILM	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
BENAZEPRIL-HCTZ 5-6.25 MG TAB BENAZEPRIL-HCTZ 10-12.5 MG TAB BENAZEPRIL-HCTZ 20-12.5 MG TAB BENAZEPRIL-HCTZ 20-25 MG TAB	Formulary-Preferred	10/1/2020
BENICAR 5 MG TABLET BENICAR 20 MG TABLET BENICAR 40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
BENICAR HCT 20-12.5 MG TABLET BENICAR HCT 40-12.5 MG TABLET BENICAR HCT 40-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
BENZACLIN GEL BENZACLIN GEL 35G PUMP BENZACLIN GEL 50G PUMP	Update to Formulary-NonPreferred and require PA	10/1/2020
BEPREVE 1.5% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
BESIVANCE 0.6% SUSP	Update to Formulary-NonPreferred and require PA	10/1/2020
BETAMETHASONE DP 0.05% CRM BETAMETHASONE DP 0.05% LOT BETAMETHASONE DP 0.05% OINT	Moves to NonPreferred, PA added, QL Removed	10/1/2020
BETAMETHASONE DP AUG 0.05% CRM BETAMETHASONE DP AUG 0.05% GEL BETAMETHASONE DP AUG 0.05% LOT BETAMETHASONE DP AUG 0.05% OIN	Moves to NonPreferred, PA added, QL Removed	10/1/2020
BETAMETHASONE VA 0.1% CREAM BETAMETHASONE VA 0.1% LOTION BETAMETHASONE VALER 0.1% OINTM	Formulary-Preferred, QL removed	10/1/2020
BETAMETHASONE VALER 0.12% FOAM	Update to Formulary-NonPreferred and require PA	10/1/2020
BETAPACE 80 MG TABLET BETAPACE 120 MG TABLET BETAPACE 160 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
BETAPACE AF 80 MG TABLET BETAPACE AF 120 MG TABLET BETAPACE AF 160 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
BETASERON 0.3 MG KIT BETASERON 0.3 MG VIAL	Formulary-Preferred	10/1/2020
BETAXOLOL 10 MG TABLET BETAXOLOL 20 MG TABLET	Moves to NonPreferred, PA added	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
BETAXOLOL HCL 0.5% EYE DROP	Moves to NonPreferred, PA added	10/1/2020
BETHKIS 300 MG/4 ML AMPULE TOBI PODHALER 28 MG INHALE CAP	Formulary-Preferred, PA removed	10/1/2020
BETOPTIC S 0.25% EYE DROPS	Formulary-Preferred; Brand Preferred	10/1/2020
BEVESPI AEROSPHERE INHALER	Formulary-Preferred, ST removed	10/1/2020
BEVYXXA 40 MG CAPSULE BEVYXXA 80 MG CAPSULE	Update to Formulary-NonPreferred and require PA, AL added, QL Added	10/1/2020
BIMATOPROST 0.03% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
BISOPROLOL FUMARATE 5 MG TAB BISOPROLOL FUMARATE 10 MG TAB	Moves to NonPreferred, PA added, QL Removed	10/1/2020
BISOPROLOL-HCTZ 2.5-6.25 MG TB BISOPROLOL-HCTZ 5-6.25 MG TAB BISOPROLOL-HCTZ 10-6.25 MG TAB	Formulary-Preferred, QL removed	10/1/2020
BONIVA 150 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
BONIVA 3 MG/3 ML SYRINGE	Update to Formulary-NonPreferred and require PA	10/1/2020
BOSENTAN 62.5 MG TABLET* BOSENTAN 125 MG TABLET*	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
BREO ELLIPTA 100-25 MCG INH BREO ELLIPTA 200-25 MCG INH	Update to Formulary-NonPreferred and require PA	10/1/2020
BRILINTA 60 MG TABLET BRILINTA 90 MG TABLET	Formulary-Preferred	10/1/2020
BRIMONIDINE TARTRATE 0.15% DRP	Update to Formulary-NonPreferred and require PA	10/1/2020
BROMFENAC SODIUM 0.09% EYE DRP	Update to Formulary-NonPreferred and require PA	10/1/2020
BROMOCRIPTINE 2.5 MG TABLET BROMOCRIPTINE 5 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
BROMSITE 0.075% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
BROVANA 15 MCG/2 ML SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
BRYHALI 0.01% LOTION	Update to Formulary-NonPreferred and require PA	10/1/2020
BUDESONIDE 0.25 MG/2 ML SUSP BUDESONIDE 0.5 MG/2 ML SUSP BUDESONIDE 1 MG/2 ML INH SUSP	Formulary-Preferred, AL removed, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
BUDESONIDE 32 MCG NASAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
BUDESONIDE ER 9 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
BUDESONIDE-FORMOTEROL 80-4.5* BUDESONIDE-FORMOTEROL 160-4.5*	Moves to NonPreferred, PA added, AL removed	10/1/2020
BUPRENORPHINE 5 MCG/HR PATCH BUPRENORPHINE 7.5 MCG/HR PATCH BUPRENORPHINE 10 MCG/HR PATCH BUPRENORPHINE 15 MCG/HR PATCH BUPRENORPHINE 20 MCG/HR PATCH	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
BUTALB-ACETAMINOPH-CAFF-CODEIN	Update to Formulary-NonPreferred and require PA	10/1/2020
BUTALB-CAFF-ACETAMINOPH-CODEIN	Moves to NonPreferred, PA added, QL Removed	10/1/2020
BUTALBITAL COMP-CODEINE #3 CAP	Moves to NonPreferred, PA added, QL Removed	10/1/2020
BUTENAFINE HCL 1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
BUTORPHANOL 10 MG/ML SPRAY	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
BUTRANS 5 MCG/HR PATCH BUTRANS 7.5 MCG/HR PATCH BUTRANS 10 MCG/HR PATCH BUTRANS 15 MCG/HR PATCH BUTRANS 20 MCG/HR PATCH	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
BYDUREON 2 MG PEN INJECT	Formulary-Preferred	10/1/2020
BYDUREON BCISE 2 MG AUTOINJECT	Update to Formulary-NonPreferred and require PA	10/1/2020
BYETTA 5 MCG DOSE PEN INJ BYETTA 10 MCG DOSE PEN INJ	Formulary-Preferred	10/1/2020
BYSTOLIC 2.5 MG TABLET BYSTOLIC 5 MG TABLET BYSTOLIC 10 MG TABLET BYSTOLIC 20 MG TABLET	Formulary-Preferred	10/1/2020
CADUET 5 MG-10 MG TABLET CADUET 5 MG-20 MG TABLET CADUET 5 MG-40 MG TABLET CADUET 5 MG-80 MG TABLET CADUET 10 MG-10 MG TABLET CADUET 10 MG-20 MG TABLET CADUET 10 MG-40 MG TABLET CADUET 10 MG-80 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
CALAN 120 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CALAN SR 120 MG CAPLET CALAN SR 180 MG CAPLET CALAN SR 240 MG CAPLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CALCITONIN-SALMON 200 UNITS SP	Formulary-Preferred, QL removed	10/1/2020
CALCIUM ACETATE 667 MG CAPSULE CALCIUM ACETATE 667 MG GELCAP CALCIUM ACETATE 667 MG TABLET	Clinical PA added	10/1/2020
CANDESARTAN CILEXETIL 4 MG TAB CANDESARTAN CILEXETIL 8 MG TAB CANDESARTAN CILEXETIL 16 MG TB CANDESARTAN CILEXETIL 32 MG TB	Update to Formulary-NonPreferred and require PA	10/1/2020
CANDESARTAN-HCTZ 16-12.5 MG TB CANDESARTAN-HCTZ 32-12.5 MG TB CANDESARTAN-HCTZ 32-25 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
CAPEX SHAMPOO	Update to Formulary-NonPreferred and require PA	10/1/2020
CAPTOPRIL 12.5 MG TABLET CAPTOPRIL 25 MG TABLET CAPTOPRIL 50 MG TABLET CAPTOPRIL 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CAPTOPRIL-HCTZ 25-15 MG TABLET CAPTOPRIL-HCTZ 25-25 MG TABLET CAPTOPRIL-HCTZ 50-15 MG TABLET CAPTOPRIL-HCTZ 50-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CARBIDOPA 25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CARBIDOPA-LEVO 10-100 MG ODT CARBIDOPA-LEVO 25-100 MG ODT CARBIDOPA-LEVO 25-250 MG ODT	Moves to NonPreferred, PA added	10/1/2020
CARBIDOPA-LEVO ER 25-100 TAB CARBIDOPA-LEVO ER 50-200 TAB	Moves to NonPreferred, PA added	10/1/2020
CARBIDOPA-LEVODOPA-ENTA 50 MG CARBIDOPA-LEVODOPA-ENTA 75 MG CARBIDOPA-LEVODOPA-ENTA 100 MG CARBIDOPA-LEVODOPA-ENTA 125 MG CARBIDOPA-LEVODOPA-ENTA 150 MG CARBIDOPA-LEVODOPA-ENTA 200 MG	Update to Formulary-NonPreferred and require PA	10/1/2020
CARDIZEM 120 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
CARDIZEM 30 MG TABLET CARDIZEM 60 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CARDIZEM CD 120 MG CAPSULE CARDIZEM CD 180 MG CAPSULE CARDIZEM CD 240 MG CAPSULE CARDIZEM CD 300 MG CAPSULE CARDIZEM CD 360 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
CARDIZEM LA 120 MG TABLET CARDIZEM LA 180 MG TABLET CARDIZEM LA 240 MG TABLET CARDIZEM LA 300 MG TABLET CARDIZEM LA 360 MG TABLET CARDIZEM LA 420 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CARDURA 1 MG TABLET CARDURA 2 MG TABLET CARDURA 4 MG TABLET CARDURA 8 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CARDURA XL 4 MG TABLET CARDURA XL 8 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CARTIA XT 120 MG CAPSULE CARTIA XT 180 MG CAPSULE CARTIA XT 240 MG CAPSULE CARTIA XT 300 MG CAPSULE	Formulary-Preferred, QL removed	10/1/2020
CARVEDILOL ER 10 MG CAPSULE CARVEDILOL ER 20 MG CAPSULE CARVEDILOL ER 40 MG CAPSULE CARVEDILOL ER 80 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
CATAPRES 0.1 MG TABLET CATAPRES 0.2 MG TABLET CATAPRES 0.3 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CATAPRES-TTS 1 PATCH CATAPRES-TTS 2 PATCH CATAPRES-TTS 3 PATCH	Formulary-Preferred; Brand Preferred, QL Added	10/1/2020
CAYSTON 75 MG INHAL SOLUTION	Formulary-Preferred, PA removed	10/1/2020
CEFACLOR 125 MG/5 ML SUSP CEFACLOR 250 MG/5 ML SUSP CEFACLOR 375 MG/5 ML SUSPEN	Moves to NonPreferred, PA added, AL removed	10/1/2020
CEFACLOR 250 MG CAPSULE CEFACLOR 500 MG CAPSULE	Moves to NonPreferred, PA added, QL added	10/1/2020
CEFACLOR ER 500 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
CEFADROXIL 1 GM TABLET	Moves to NonPreferred, PA added, QL added	10/1/2020
CEFADROXIL 250 MG/5 ML SUSP CEFADROXIL 500 MG/5 ML SUSP	Formulary-Preferred, AL removed	10/1/2020
CEFDINIR 125 MG/5 ML SUSP CEFDINIR 250 MG/5 ML SUSP	Formulary-Preferred, AL removed	10/1/2020
CEFDINIR 300 MG CAPSULE	QL added	10/1/2020
CEFIXIME 100 MG/5 ML SUSP CEFIXIME 200 MG/5 ML SUSP	Formulary-Preferred, AL removed	10/1/2020
CEFIXIME 400 MG CAPSULE*	Moves to NonPreferred, PA added	10/1/2020
CEFPODOXIME 100 MG TABLET	PA added, QL added	10/1/2020
CEFPODOXIME 100 MG/5 ML SUSP	PA added, AL removed	10/1/2020
CEFPODOXIME 200 MG TABLET	PA added, QL added	10/1/2020
CEFPODOXIME 50 MG/5 ML SUSP	PA added, AL removed	10/1/2020
CEFPROZIL 125 MG/5 ML SUSP CEFPROZIL 250 MG/5 ML SUSP	Formulary-Preferred, AL removed	10/1/2020
CELEBREX 50 MG CAPSULE CELEBREX 100 MG CAPSULE CELEBREX 200 MG CAPSULE CELEBREX 400 MG CAPSULE	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
CELECOXIB 50 MG CAPSULE CELECOXIB 100 MG CAPSULE CELECOXIB 200 MG CAPSULE CELECOXIB 400 MG CAPSULE	Update to Formulary-Preferred; ST Added	10/1/2020
CENTANY 2% OINTMENT CENTANY AT 2% OINTMENT KIT	Update to Formulary-NonPreferred and require PA	10/1/2020
CEPHALEXIN 125 MG/5 ML SUSP CEPHALEXIN 250 MG/5 ML SUSP	Formulary-Preferred, AL removed	10/1/2020
CEPHALEXIN 250 MG TABLET CEPHALEXIN 500 MG TABLET	Formulary-Preferred	10/1/2020
CEPHALEXIN 750 MG CAPSULE	Formulary-Preferred	10/1/2020
CETIRIZINE HCL 1 MG/ML SOLN and various store brands	Moves to NonPreferred status, AL removed, PA added, QL removed	10/1/2020
CETIRIZINE HCL 1 MG/ML SOLN CETIRIZINE HCL 1 MG/ML SYRUP	Formulary-Preferred, AL removed, QL removed	10/1/2020
CETIRIZINE HCL 10 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
CETIRIZINE HCL 5 MG CHEW TAB CETIRIZINE HCL 10 MG CHEW TAB	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
CETIRIZINE HCL 5 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
CHLORZOXAZONE 250 MG TABLET CHLORZOXAZONE 375 MG TABLET CHLORZOXAZONE 750 MG TABLET	Formulary-Preferred	10/1/2020
CHLORZOXAZONE 500 MG TABLET	Formulary-Preferred, AL removed	10/1/2020
CICLODAN 0.77% CREAM KIT CICLODAN 0.77% CREAM CICLODAN 8% KIT CICLODAN 8% SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
CICLOPIROX 0.77% GEL CICLOPIROX 0.77% CREAM CICLOPIROX 1% SHAMPOO CICLOPIROX 8% TREATMENT KIT	Update to Formulary-NonPreferred and require PA	10/1/2020
CICLOPIROX 0.77% TOPICAL SUSP	Formulary-Preferred	10/1/2020
CICLOPIROX 8% SOLUTION	Moves to NonPreferred, PA added, QL Removed	10/1/2020
CILOXAN 0.3% EYE DROPS CILOXAN 0.3% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
CIMZIA 200 MG VIAL KIT CIMZIA 2X200 MG/ML SYRINGE KIT CIMZIA 2X200 MG/ML(X3)START KT	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
CIPRO 250 MG TABLET CIPRO 500 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
CIPRO 5% SUSPENSION CIPRO 10% SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
CIPRO HC OTIC SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
CIPRODEX OTIC SUSPENSION	Formulary-Preferred, QL removed	10/1/2020
CIPROFLOXACIN 0.2% OTIC SOLN	Moves to NonPreferred, PA added, QL Removed	10/1/2020
CIPROFLOXACIN 0.3% EYE DROP	Formulary-Preferred, QL removed	10/1/2020
CIPROFLOXACIN ER 500 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CIPROFLOXACIN HCL 100 MG TAB	Formulary-Preferred, QL Added	10/1/2020
CIPROFLOX-FLUOCINLN 0.3-0.025%	Update to Formulary-NonPreferred and require PA	10/1/2020
CLARINEX 5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
CLARITHROMYCIN 125 MG/5 ML SUS CLARITHROMYCIN 250 MG/5 ML SUS	Formulary-Preferred, AL removed	10/1/2020
CLARITHROMYCIN ER 500 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
CLIND PH-BENZOYL PERO 1.2-2.5%	Update to Formulary-NonPreferred and require PA	10/1/2020
CLIND PH-BENZOYL PEROX 1.2-5%	Clinical PA added	10/1/2020
CLINDA-BENZOYL PEROX 1-5% PUMP	Formulary-Preferred w/Clinical PA	10/1/2020
CLINDAMYCIN 2% VAGINAL CREAM	Moves to NonPreferred, PA added	10/1/2020
CLINDAMYCIN-BENZOYL PEROX 1-5%	Formulary-Preferred w/Clinical PA	10/1/2020
CLOBETASOL 0.05% CREAM CLOBETASOL 0.05% OINTMENT CLOBETASOL 0.05% SOLUTION	Formulary-Preferred, PA removed, QL removed	10/1/2020
CLOBETASOL 0.05% GEL	Formulary-Preferred	10/1/2020
CLOBETASOL 0.05% SHAMPOO	Update to Formulary-NonPreferred and require PA	10/1/2020
CLOBETASOL 0.05% TOPICAL LOTN CLOBETASOL EMOLLIENT 0.05% CRM CLOBETASOL EMOLLNT 0.05% FOAM CLOBETASOL EMULSION 0.05% FOAM CLOBETASOL PROP 0.05% FOAM CLOBETASOL PROP 0.05% SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
CLOBEX 0.05% SHAMPOO CLOBEX 0.05% SPRAY CLOBEX 0.05% TOPICAL LOTION	Update to Formulary-NonPreferred and require PA	10/1/2020
CLOCORTOLONE 0.1% CREAM PUMP CLOCORTOLONE PIVALATE 0.1% CRM	Update to Formulary-NonPreferred and require PA	10/1/2020
CLODAN 0.05% KIT CLODAN 0.05% SHAMPOO	Update to Formulary-NonPreferred and require PA	10/1/2020
CLODERM 0.1% CREAM CLODERM 0.1% CREAM PUMP	Update to Formulary-NonPreferred and require PA	10/1/2020
CLONIDINE 0.1 MG/DAY PATCH CLONIDINE 0.2 MG/DAY PATCH CLONIDINE 0.3 MG/DAY PATCH	Moves to Preferred, QL applies	10/1/2020
CLOPIDOGREL 75 MG TABLET CLOPIDOGREL 300 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
CLOTRIMAZOLE 10 MG TROCHE	Formulary-Preferred, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
CLOTRIMAZOLE-BETAMETHASONE CRM	Formulary-Preferred, QL removed	10/1/2020
CLOTRIMAZOLE-BETAMETHASONE LOT	Moves to NonPreferred, PA added, QL Removed	10/1/2020
COLAZAL 750 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
COLCHICINE 0.6 MG CAPSULE* COLCHICINE 0.6 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
COLCRYS 0.6 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
COLESEVELAM 625 MG TABLET COLESEVELAM HCL 3.75 G PACKET	Update to Formulary-NonPreferred and require PA	10/1/2020
COLESTID 1 GM TABLET COLESTID FLAVORED GRANULES COLESTID GRANULES COLESTID GRANULES PACKET	Update to Formulary-NonPreferred and require PA	10/1/2020
COLESTIPOL HCL GRANULES	Moves to NonPreferred, PA added	10/1/2020
COLESTIPOL HCL GRANULES PACKET	Update to Formulary-NonPreferred and require PA	10/1/2020
COMBIGAN EYE DROPS	Formulary-Preferred	10/1/2020
COMBIVENT RESPIMAT 20-100 MCG	Formulary-Preferred, QL removed	10/1/2020
COMTAN 200 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CONZIP 100 MG CAPSULE CONZIP 200 MG CAPSULE CONZIP 300 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
COPAXONE 20 MG/ML SYRINGE COPAXONE 40 MG/ML SYRINGE	Formulary-Preferred; Brand Preferred	10/1/2020
CORDRAN 4 MCG/SQ CM TAPE LARGE	Update to Formulary-NonPreferred and require PA	10/1/2020
COREG 3.125 MG TABLET COREG 6.25 MG TABLET COREG 12.5 MG TABLET COREG 25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
COREG CR 10 MG CAPSULE COREG CR 20 MG CAPSULE COREG CR 40 MG CAPSULE COREG CR 80 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
CORGARD 20 MG TABLET CORGARD 40 MG TABLET CORGARD 80 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
CORZIDE 40-5 TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
COSENTYX 150 MG/ML PEN INJECT COSENTYX 150 MG/ML SYRINGE COSENTYX 300 MG DOSE-2 PENS COSENTYX 300 MG DOSE-2 SYRINGE	Formulary-Preferred	10/1/2020
COSOPT PF EYE DROPS COSOPT EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
COUMADIN 1 MG TABLET COUMADIN 2 MG TABLET COUMADIN 2.5 MG TABLET COUMADIN 3 MG TABLET COUMADIN 4 MG TABLET COUMADIN 5 MG TABLET COUMADIN 6 MG TABLET COUMADIN 7.5 MG TABLET COUMADIN 10 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
COZAAR 25 MG TABLET COZAAR 50 MG TABLET COZAAR 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CREON DR 3,000 UNITS CAPSULE CREON DR 6,000 UNITS CAPSULE CREON DR 12,000 UNITS CAPSULE CREON DR 24,000 UNITS CAPSULE CREON DR 36,000 UNITS CAPSULE	Clinical PA added	10/1/2020
CRESEMBA 186 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
CRESTOR 5 MG TABLET CRESTOR 10 MG TABLET CRESTOR 20 MG TABLET CRESTOR 40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
CRINONE 4% GEL CRINONE 8% GEL	Update to Formulary-NonPreferred and require PA	10/1/2020
CUTIVATE 0.05% CREAM CUTIVATE 0.05% LOTION	Update to Formulary-NonPreferred and require PA	10/1/2020
CYCLOBENZAPRINE 5 MG TABLET CYCLOBENZAPRINE 10 MG TABLET	Formulary-Preferred, AL removed	10/1/2020
CYCLOBENZAPRINE 7.5 MG TABLET	Formulary-Preferred	10/1/2020
CYCLOBENZAPRINE ER 15 MG CAP CYCLOBENZAPRINE ER 30 MG CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
CYCLOSET 0.8 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
DALIRESP 250 MCG TABLET DALIRESP 500 MCG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DANTRIUM 25 MG CAPSULE DANTRIUM 50 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
DANTROLENE SODIUM 25 MG CAP DANTROLENE SODIUM 50 MG CAP DANTROLENE SODIUM 100 MG CAP	Moves to NonPreferred, PA added, QL Removed	10/1/2020
DARIFENACIN ER 7.5 MG TABLET DARIFENACIN ER 15 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DAYPRO 600 MG CAPLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DELZICOL DR 400 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
DENAVIR 1% CREAM	Formulary-Preferred	10/1/2020
DEPO-PROVERA 400 MG/ML VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
DERMACINRX THERAZOLE PAK	Update to Formulary-NonPreferred and require PA	10/1/2020
DERMA-SMOOTHE-FS BODY OIL	Update to Formulary-NonPreferred and require PA	10/1/2020
DERMA-SMOOTHE-FS SCALP OIL	Update to Formulary-NonPreferred and require PA	10/1/2020
DERMASORB HC 2% COMPLETE KIT	Update to Formulary-NonPreferred and require PA	10/1/2020
DERMASORB TA 0.1% COMPLETE KIT	Update to Formulary-NonPreferred and require PA	10/1/2020
DERMATOP 0.1% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
DESLORATADINE 2.5 MG ODT	Update to Formulary-NonPreferred and require PA, AL added	10/1/2020
DESLORATADINE 5 MG ODT DESLORATADINE 5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DESONATE 0.05% GEL	Update to Formulary-NonPreferred and require PA	10/1/2020
DESONIDE 0.05% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
DESONIDE 0.05% LOTION	Update to Formulary-NonPreferred and require PA	10/1/2020
DESONIDE 0.05% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
DESOWEN 0.05% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
DESOXIMETASONE 0.05% CREAM DESOXIMETASONE 0.05% GEL DESOXIMETASONE 0.05% OINTMENT DESOXIMETASONE 0.25% CREAM DESOXIMETASONE 0.25% OINTMENT DESOXIMETASONE 0.25% SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
DETROL 1 MG TABLET DETROL 2 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DETROL LA 2 MG CAPSULE DETROL LA 4 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
DEXILANT DR 30 MG CAPSULE DEXILANT DR 60 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
DICLOFENAC 1.5% TOPICAL SOLN	Formulary-Preferred	10/1/2020
DICLOFENAC EPOLAMINE 1.3% PTCH	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
DICLOFENAC POT 50 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DICLOFENAC SOD ER 100 MG TAB	Moves to NonPreferred, PA added	10/1/2020
DICLOFENAC SODIUM 1% GEL	Clinical PA added	10/1/2020
DICLOFENAC-MISOPROST 50-200 TB	Update to Formulary-NonPreferred and require PA	10/1/2020
DICLOFENAC-MISOPROST 75-200 TB	Update to Formulary-NonPreferred and require PA	10/1/2020
DIFICID 200 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DIFLORASONE 0.05% CREAM DIFLORASONE 0.05% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
DIFLUCAN 50 MG TABLET DIFLUCAN 100 MG TABLET DIFLUCAN 150 MG TABLET DIFLUCAN 200 MG TABLET DIFLUCAN 10 MG/ML SUSPENSION DIFLUCAN 40 MG/ML SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
DIFLUNISAL 500 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DILAUDID 2 MG TABLET DILAUDID 4 MG TABLET DILAUDID 8 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
DILT XR 120 MG CAPSULE DILT XR 180 MG CAPSULE DILT XR 240 MG CAPSULE	Formulary-Preferred	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
DILTIAZEM 12HR ER 60 MG CAP DILTIAZEM 12HR ER 90 MG CAP DILTIAZEM 12HR ER 120 MG CAP	Formulary-Preferred	10/1/2020
DILTIAZEM 24H ER(CD) 120 MG CP DILTIAZEM 24H ER(CD) 180 MG CP DILTIAZEM 24H ER(CD) 240 MG CP DILTIAZEM 24H ER(CD) 300 MG CP DILTIAZEM 24H ER(CD) 360 MG CP	Formulary-Preferred, QL removed	10/1/2020
DILTIAZEM 24HR ER 120 MG CAP DILTIAZEM 24HR ER 180 MG CAP DILTIAZEM 24HR ER 240 MG CAP DILTIAZEM 24HR ER 300 MG CAP DILTIAZEM 24HR ER 360 MG CAP DILTIAZEM 24HR ER 420 MG CAP DILTIAZEM ER 120 MG CAPSULE DILTIAZEM ER 180 MG CAPSULE	Formulary-Preferred, QL removed	10/1/2020
DILTIAZEM 24HR ER 180 MG TAB DILTIAZEM 24HR ER 300 MG TAB	Moves to NonPreferred, PA added, QL Removed	10/1/2020
DILTIAZEM 24HR ER 240 MG TAB DILTIAZEM 24HR ER 360 MG TAB DILTIAZEM 24HR ER 420 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
DIOVAN 40 MG TABLET DIOVAN 80 MG TABLET DIOVAN 160 MG TABLET DIOVAN 320 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DIOVAN HCT 80-12.5 MG TABLET DIOVAN HCT 160-12.5 MG TAB DIOVAN HCT 160-25 MG TABLET DIOVAN HCT 320-12.5 MG TAB DIOVAN HCT 320-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DIPENTUM 250 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
DIPHENOXYLAT-ATROP 2.5-0.025/5	Formulary-Preferred	10/1/2020
DIPROLENE 0.05% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
DIPYRIDAMOLE 25 MG TABLET DIPYRIDAMOLE 50 MG TABLET DIPYRIDAMOLE 75 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
DISKETS 40 MG TABLET DISPR	Update to Formulary-NonPreferred and require PA	10/1/2020
DITROPAN XL 5 MG TABLET DITROPAN XL 10 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
DONEPEZIL HCL 23 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
DONEPEZIL HCL 5 MG TABLET DONEPEZIL HCL 10 MG TABLET	Formulary-Preferred, AL removed, QL removed	10/1/2020
DONEPEZIL HCL ODT 5 MG TABLET DONEPEZIL HCL ODT 10 MG TABLET	Formulary-Preferred	10/1/2020
DORZOLAMIDE HCL 2% EYE DROPS	Formulary-Preferred, QL removed	10/1/2020
DORZOLAMIDE-TIMOLOL 2%-0.5%	Formulary-Preferred	10/1/2020
DORZOLAMIDE-TIMOLOL EYE DROPS	Formulary-Preferred, QL removed	10/1/2020
DOXAZOSIN MESYLATE 1 MG TAB DOXAZOSIN MESYLATE 2 MG TAB DOXAZOSIN MESYLATE 4 MG TAB DOXAZOSIN MESYLATE 8 MG TAB	Formulary-Preferred, QL removed	10/1/2020
DUAC 1.2-5% GEL	Update to Formulary-NonPreferred and require PA	10/1/2020
DUAKLIR PRESSAIR 400-12MCG INH	Update to Formulary-NonPreferred and require PA	10/1/2020
DUETACT 30-2 MG TABLET DUETACT 30-4 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DUEXIS 800-26.6 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
DULERA 50 MCG-5 MCG INHALER DULERA 100 MCG/5 MCG INHALER DULERA 200 MCG/5 MCG INHALER	Formulary-Preferred, AL removed, QL removed	10/1/2020
DUOPA 4.63 MG-20 MG/ML SUSPENS	Update to Formulary-NonPreferred and require PA	10/1/2020
DUPIXENT 200 MG/1.14 ML SYRING DUPIXENT 300 MG/2 ML SYRINGE	Update to Formulary-NonPreferred and require PA	10/1/2020
DURAGESIC 12 MCG/HR PATCH DURAGESIC 25 MCG/HR PATCH DURAGESIC 50 MCG/HR PATCH DURAGESIC 75 MCG/HR PATCH DURAGESIC 100 MCG/HR PATCH	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
DUTASTERIDE 0.5 MG CAPSULE	Formulary-Preferred	10/1/2020
DUTASTERIDE-TAMSULOSIN 0.5-0.4	Update to Formulary-NonPreferred and require PA	10/1/2020
DYMISTA NASAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
E.E.S. 200 MG/5 ML GRANULES E.E.S. 200 MG/5 ML SUSPENSION	Formulary-Preferred	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
E.E.S. 400 FILMTAB	Update to Formulary-NonPreferred and require PA	10/1/2020
ECONAZOLE NITRATE 1% CREAM	Moves to NonPreferred, PA added, QL Removed	10/1/2020
EDARBI 40 MG TABLET EDARBI 80 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
EDARBYCLOR 40-12.5 MG TABLET EDARBYCLOR 40-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
EFFIENT 5 MG TABLET EFFIENT 10 MG TABLET	Update to Formulary-NonPreferred and require PA, AL added	10/1/2020
ELETRIPTAN HBR 20 MG TABLET* ELETRIPTAN HBR 40 MG TABLET*	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
ELIDEL 1% CREAM	Formulary-Preferred; Brand Preferred w/Clinical PA, AL added, QL Added	10/1/2020
ELIQUIS 2.5 MG TABLET ELIQUIS 5 MG TABLET ELIQUIS 5 MG STARTER PACK	Formulary-Preferred, AL removed, QL removed	10/1/2020
ELLZIA PAK	Update to Formulary-NonPreferred and require PA	10/1/2020
ELOCON 0.1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
EMBEDA ER 20-0.8 MG CAPSULE EMBEDA ER 30-1.2 MG CAPSULE EMBEDA ER 50-2 MG CAPSULE EMBEDA ER 60-2.4 MG CAPSULE EMBEDA ER 80-3.2 MG CAPSULE EMBEDA ER 100-4 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
EMEND 40 MG CAPSULE EMEND 80 MG CAPSULE	Formulary-Preferred; Brand Preferred, AL added, QL Added	10/1/2020
EMEND TRIFOLD PACK	Update to Formulary-NonPreferred and require PA, AL added, QL Added	10/1/2020
EMGALITY 120 MG/ML PEN EMGALITY 100 MG/ML SYRINGE EMGALITY 120 MG/ML SYRINGE	Formulary-Preferred w/Clinical PA, AL removed	10/1/2020
ENABLEX 7.5 MG TABLET ENABLEX 15 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ENALAPRIL-HCTZ 5-12.5 MG TAB ENALAPRIL-HCTZ 10-25 MG TABLET	Moves to NonPreferred, PA added	10/1/2020

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ENBREL 25 MG/0.5 ML SYRINGE ENBREL 50 MG/ML SURECLICK ENBREL 50 MG/ML MINI CARTRIDGE ENBREL 50 MG/ML SYRINGE	Formulary-Preferred, PA removed, QL removed	10/1/2020
ENDOCET 5-325 TABLET ENDOCET 7.5-325 MG TABLET ENDOCET 10-325 MG TABLET	Formulary-Preferred	10/1/2020
ENOXAPARIN 30 MG/0.3 ML SYR ENOXAPARIN 40 MG/0.4 ML SYR ENOXAPARIN 60 MG/0.6 ML SYR ENOXAPARIN 80 MG/0.8 ML SYR ENOXAPARIN 100 MG/ML SYRINGE ENOXAPARIN 120 MG/0.8 ML SYR ENOXAPARIN 150 MG/ML SYRINGE	Formulary-Preferred, PA removed	10/1/2020
ENOXAPARIN 300 MG/3 ML VIAL	Formulary-Preferred	10/1/2020
ENTACAPONE 200 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
ENTRESTO 24 MG-26 MG TABLET ENTRESTO 49 MG-51 MG TABLET ENTRESTO 97 MG-103 MG TABLET	Formulary-Preferred, ST removed, AL removed	10/1/2020
ENTYVIO 300 MG VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
EPANED 1 MG/ML ORAL SOLUTION	Moves to NonPreferred, PA added, AL removed	10/1/2020
EPINASTINE HCL 0.05% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
EPINEPHRINE 0.15 MG AUTO-INJCT	Moves to NonPreferred, PA added Generics for Epi-Pen are preferred	10/1/2020
EPINEPHRINE 0.15 MG AUTO-INJECT EPINEPHRINE 0.3 MG AUTO-INJECT	Formulary - Preferred, QL less stringent	10/1/2020
EPIPEN JR 2-PAK 0.15 MG INJCTR EPIPEN 2-PAK 0.3 MG AUTO-INJCT	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
EPROSARTAN MESYLATE 600 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
ERTACZO 2% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
ERYPED 200 MG/5 ML SUSPENSION ERYPED 400 MG/5 ML SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
ERY-TAB DR 250 MG TABLET ERY-TAB DR 333 MG TABLET ERY-TAB DR 500 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
ERYTHROCIN 250 MG FILMTAB	Formulary-Preferred	10/1/2020
ERYTHROMYCIN 200 MG/5 ML SUSP	Update to Formulary-NonPreferred and require PA	10/1/2020
ERYTHROMYCIN 250 MG FILMTAB ERYTHROMYCIN 500 MG FILMTAB	Update to Formulary-NonPreferred and require PA	10/1/2020
ERYTHROMYCIN 400 MG/5 ML SUSP	Update to Formulary-NonPreferred and require PA	10/1/2020
ERYTHROMYCIN DR 250 MG CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
ERYTHROMYCIN DR 250 MG TABLET ERYTHROMYCIN DR 333 MG TABLET ERYTHROMYCIN DR 500 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ERYTHROMYCIN EC 250 MG CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
ERYTHROMYCIN ES 400 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
ESOMEPRAZOLE MAG DR 20 MG CAP ESOMEPRAZOLE MAG DR 40 MG CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
ETODOLAC 200 MG CAPSULE ETODOLAC 300 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
ETODOLAC 400 MG TABLET ETODOLAC 500 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
ETODOLAC ER 400 MG TABLET ETODOLAC ER 500 MG TABLET ETODOLAC ER 600 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
EUCRISA 2% OINTMENT	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
EVISTA 60 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
EXELDERM 1% CREAM EXELDERM 1% SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
EXELON 4.6 MG/24HR PATCH EXELON 9.5 MG/24HR PATCH EXELON 13.3 MG/24HR PATCH	Formulary-Preferred; Brand Preferred	10/1/2020
EXFORGE 5-160 MG TABLET EXFORGE 5-320 MG TABLET EXFORGE 10-160 MG TABLET EXFORGE 10-320 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
EXFORGE HCT 5-160-12.5 MG TAB EXFORGE HCT 5-160-25 MG TAB EXFORGE HCT 10-160-12.5 MG TAB EXFORGE HCT 10-160-25 MG TAB EXFORGE HCT 10-320-25 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
EXTAVIA 0.3 MG KIT	Update to Formulary-NonPreferred and require PA	10/1/2020
EXTAVIA 0.3 MG VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
EXTINA 2% FOAM	Update to Formulary-NonPreferred and require PA	10/1/2020
EZALLOR SPRINKLE 5 MG CAPSULE EZALLOR SPRINKLE 10 MG CAPSULE EZALLOR SPRINKLE 20 MG CAPSULE EZALLOR SPRINKLE 40 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
EZETIMIBE 10 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
EZETIMIBE-SIMVASTATIN 10-10 MG EZETIMIBE-SIMVASTATIN 10-20 MG EZETIMIBE-SIMVASTATIN 10-40 MG EZETIMIBE-SIMVASTATIN 10-80 MG	Update to Formulary-NonPreferred and require PA	10/1/2020
FAMCICLOVIR 125 MG TABLET FAMCICLOVIR 250 MG TABLET FAMCICLOVIR 500 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
FARXIGA 5 MG TABLET FARXIGA 10 MG TABLET	Formulary-Preferred w/Clinical PA	10/1/2020
FEBUXOSTAT 40 MG TABLET FEBUXOSTAT 80 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
FELDENE 10 MG CAPSULE FELDENE 20 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
FELODIPINE ER 2.5 MG TABLET FELODIPINE ER 5 MG TABLET FELODIPINE ER 10 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
FENOFIBRATE 130 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
FENOFIBRATE 150 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
FENOFIBRATE 160 MG TABLET	Formulary-Preferred, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
FENOFIBRATE 43 MG CAPSULE FENOFIBRATE 50 MG CAPSULE FENOFIBRATE 67 MG CAPSULE FENOFIBRATE 134 MG CAPSULE FENOFIBRATE 200 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
FENOFIBRATE 48 MG TABLET FENOFIBRATE 145 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
FENOFIBRATE 54 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
FENOFIBRIC ACID 105 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FENOFIBRIC ACID DR 135 MG CAP FENOFIBRIC ACID DR 45 MG CAP	Moves to NonPreferred, PA added, QL Removed	10/1/2020
FENOGLIDE 120 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FENOGLIDE 40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FENOPROFEN 400 MG CAPSULE FENOPROFEN 600 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FENTANYL 12 MCG/HR PATCH FENTANYL 25 MCG/HR PATCH FENTANYL 37.5 MCG/HR PATCH FENTANYL 50 MCG/HR PATCH FENTANYL 62.5 MCG/HR PATCH FENTANYL 75 MCG/HR PATCH FENTANYL 87.5 MCG/HR PATCH FENTANYL 100 MCG/HR PATCH	Formulary-Preferred, PA removed	10/1/2020
FENTANYL CIT 100 MCG BUCCAL TB FENTANYL CIT 200 MCG BUCCAL TB FENTANYL CIT 400 MCG BUCCAL TB FENTANYL CIT 600 MCG BUCCAL TB FENTANYL CIT 800 MCG BUCCAL TB	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
FENTANYL CITRATE OTFC 200 MCG FENTANYL CITRATE OTFC 400 MCG FENTANYL CITRATE OTFC 600 MCG FENTANYL CITRATE OTFC 800 MCG FENTANYL CIT OTFC 1,200 MCG FENTANYL CIT OTFC 1,600 MCG	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
FENTORA 100 MCG BUCCAL TABLET FENTORA 200 MCG BUCCAL TABLET FENTORA 400 MCG BUCCAL TABLET FENTORA 600 MCG BUCCAL TABLET FENTORA 800 MCG BUCCAL TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
FEXMID 7.5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FEXOFENADINE HCL 30 MG/5 ML FEXOFENADINE HCL 60 MG TABLET FEXOFENADINE HCL 180 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FIASP 100 UNIT/ML FLEXTOUCH FIASP 100 UNIT/ML VIAL FIASP PENFILL 100 UNIT/ML CART	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
FIBRICOR 105 MG TABLET FIBRICOR 35 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FINASTERIDE 5 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
FIORINAL-COD 30-50-325-40 CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
FLAGYL 375 CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
FLAGYL 500 MG TABLET FLAGYL 250 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FLECTOR 1.3% PATCH	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
FLOMAX 0.4 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
FLONASE ALLERGY RLF 50 MCG SPR FLUTICASONE PROP 50 MCG SPRAY (OTC)	Moves to NonPreferred, PA added, QL Removed Rx Form is Preferred	10/1/2020
FLONASE SENSIMIST 27.5 MCG SPR	Update to Formulary-NonPreferred and require PA	10/1/2020
FLOVENT 50 MCG DISKUS FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS	Update to Formulary-NonPreferred and require PA	10/1/2020
FLOVENT HFA 44 MCG INHALER FLOVENT HFA 110 MCG INHALER FLOVENT HFA 220 MCG INHALER	Formulary-Preferred, AL removed	10/1/2020
FLUCONAZOLE 10 MG/ML SUSP FLUCONAZOLE 40 MG/ML SUSP	Formulary-Preferred, AL removed	10/1/2020
FLUCYTOSINE 250 MG CAPSULE FLUCYTOSINE 500 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
FLUMADINE 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FLUNISOLIDE 0.025% SPRAY	Moves to NonPreferred, PA added, QL Removed	10/1/2020
FLUOCINOLONE 0.01% BODY OIL	Update to Formulary-NonPreferred and require PA	10/1/2020
FLUOCINOLONE 0.01% CREAM FLUOCINOLONE 0.01% SOLUTION FLUOCINOLONE 0.025% CREAM FLUOCINOLONE 0.025% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
FLUOCINOLONE 0.01% SCALP OIL	Update to Formulary-NonPreferred and require PA	10/1/2020
FLUOCINONIDE 0.05% CREAM FLUOCINONIDE 0.05% OINTMENT FLUOCINONIDE 0.05% SOLUTION	Moves to NonPreferred, PA added, QL Removed	10/1/2020
FLUOCINONIDE 0.05% GEL FLUOCINONIDE 0.1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
FLUOCINONIDE-E 0.05% CREAM	Moves to NonPreferred, PA added, QL Removed	10/1/2020
FLURANDRENOLIDE 0.05% CREAM FLURANDRENOLIDE 0.05% LOTION FLURANDRENOLIDE 0.05% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
FLURBIPROFEN 50 MG TABLET FLURBIPROFEN 100 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
FLUTICASONE PROP 0.005% OINT FLUTICASONE PROP 0.05% CREAM	Formulary-Preferred, QL removed	10/1/2020
FLUTICASONE PROP 0.05% LOTION	Update to Formulary-NonPreferred and require PA	10/1/2020
FLUTICASONE PROP 50 MCG SPRAY	Formulary-Preferred, QL removed	10/1/2020
FLUTICASONE-SALMETEROL 100-50 FLUTICASONE-SALMETEROL 250-50 FLUTICASONE-SALMETEROL 500-50	Moves to NonPreferred, AL removed, PA added	10/1/2020
FLUTICASONE-SALMETEROL 55-14 FLUTICASONE-SALMETEROL 113-14 FLUTICASONE-SALMETEROL 232-14	Moves to NonPreferred, PA added	10/1/2020
FLUVASTATIN SODIUM 20 MG CAP FLUVASTATIN SODIUM 40 MG CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
FONDAPARINUX 2.5 MG/0.5 ML SYR FONDAPARINUX 5 MG/0.4 ML SYR FONDAPARINUX 7.5 MG/0.6 ML SYR FONDAPARINUX 10 MG/0.8 ML SYR	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
FORTAMET ER 500 MG TABLET FORTAMET ER 1,000 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
FORTEO 600 MCG/2.4 ML PEN INJ	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
FORTESTA 10 MG GEL PUMP	Update to Formulary-NonPreferred and require PA	10/1/2020
FOSAMAX 70 MG TABLET FOSAMAX PLUS D 70 MG-2,800 IU FOSAMAX PLUS D 70 MG-5,600 IU	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
FOSINOPRIL SODIUM 10 MG TAB FOSINOPRIL SODIUM 20 MG TAB FOSINOPRIL SODIUM 40 MG TAB	Moves to NonPreferred, PA added	10/1/2020
FOSINOPRIL-HCTZ 10-12.5 MG TAB FOSINOPRIL-HCTZ 20-12.5 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
FOSRENOL 500 MG TABLET CHEW FOSRENOL 750 MG TABLET CHEW FOSRENOL 1,000 MG TABLET CHEW	Update to Formulary-NonPreferred and require PA	10/1/2020
FOSRENOL 750 MG POWDER PACKET FOSRENOL 1,000 MG POWDER PACK	Update to Formulary-NonPreferred and require PA	10/1/2020
FRAGMIN 2,500 UNITS/0.2 ML SYR FRAGMIN 5,000 UNITS/0.2 ML SYR FRAGMIN 7,500 UNITS/0.3 ML SYR FRAGMIN 10,000 UNITS/ML SYRING FRAGMIN 12,500 UNITS/0.5 ML FRAGMIN 15,000 UNITS/0.6 ML FRAGMIN 18,000 UNITS/0.72 ML FRAGMIN 95,000 UNITS/3.8 ML VL	Update to Formulary-NonPreferred and require PA	10/1/2020
FROVA 2.5 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
FROVATRIPTAN SUCC 2.5 MG TAB	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
FULPHILA 6 MG/0.6 ML SYRINGE	Formulary-Preferred, PA removed	10/1/2020
GALANTAMINE 4 MG/ML ORAL SOLN	Moves to NonPreferred, PA added, QL Removed	10/1/2020
GALANTAMINE ER 8 MG CAPSULE GALANTAMINE ER 16 MG CAPSULE GALANTAMINE ER 24 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
GALANTAMINE HBR 4 MG TABLET GALANTAMINE HBR 8 MG TABLET GALANTAMINE HBR 12 MG TABLET	Formulary-Preferred, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
GATIFLOXACIN 0.5% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
GEMFIBROZIL 600 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
GENOTROPIN 5 MG CARTRIDGE GENOTROPIN 12 MG CARTRIDGE	Formulary-Preferred w/Clinical PA	10/1/2020
GENOTROPIN MINIQUICK 0.2 MG GENOTROPIN MINIQUICK 0.4 MG GENOTROPIN MINIQUICK 0.6 MG GENOTROPIN MINIQUICK 0.8 MG GENOTROPIN MINIQUICK 1 MG GENOTROPIN MINIQUICK 1.2 MG GENOTROPIN MINIQUICK 1.4 MG GENOTROPIN MINIQUICK 1.6 MG GENOTROPIN MINIQUICK 1.8 MG GENOTROPIN MINIQUICK 2 MG	Formulary-Preferred w/Clinical PA	10/1/2020
GILENYA 0.25 MG CAPSULE	Formulary-Preferred	10/1/2020
GILENYA 0.5 MG CAPSULE	Formulary-Preferred, PA removed, QL removed	10/1/2020
GLATIRAMER 20 MG/ML SYRINGE* GLATOPA 20 MG/ML SYRINGE* GLATIRAMER 40 MG/ML SYRINGE* GLATOPA 40 MG/ML SYRINGE*	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
GLIPIZIDE-METFORMIN 2.5-250 MG GLIPIZIDE-METFORMIN 2.5-500 MG GLIPIZIDE-METFORMIN 5-500 MG	Moves to NonPreferred, PA added	10/1/2020
GLUCOPHAGE 500 MG TABLET GLUCOPHAGE 850 MG TABLET GLUCOPHAGE 1,000 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
GLUCOPHAGE XR 500 MG TAB GLUCOPHAGE XR 750 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
GLUCOTROL 5 MG TABLET GLUCOTROL 10 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
GLUCOTROL XL 2.5 MG TABLET GLUCOTROL XL 5 MG TABLET GLUCOTROL XL 10 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
GLUMETZA ER 500 MG TABLET GLUMETZA ER 1,000 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
GLYNASE 1.5 MG PRESTAB GLYNASE 3 MG PRESTAB GLYNASE 6 MG PRESTAB	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
GLYSET 25 MG TABLET GLYSET 50 MG TABLET GLYSET 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
GLYXAMBI 10 MG-5 MG TABLET GLYXAMBI 25 MG-5 MG TABLET	Formulary-Preferred	10/1/2020
GOCOVRI ER 137 MG CAPSULE GOCOVRI ER 68.5 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
GRALISE ER 300 MG TABLET GRALISE ER 600 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
GRANISETRON HCL 1 MG TABLET	Formulary-Preferred, ST removed, QL removed	10/1/2020
GRISEOFULVIN MICRO 500 MG TAB	Moves to NonPreferred, PA added	10/1/2020
GRISEOFULVIN ULTRA 125 MG TAB GRISEOFULVIN ULTRA 250 MG TAB	Moves to NonPreferred, PA added	10/1/2020
GUANFACINE 1 MG TABLET GUANFACINE 2 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
HALCINONIDE 0.1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
HALOBETASOL PROP 0.05% CREAM HALOBETASOL PROP 0.05% OINTMNT	Formulary-Preferred, QL removed	10/1/2020
HALOG 0.1% CREAM HALOG 0.1% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
HEARTBURN TREATMNT 24 HR 15 MG (Lansoprazole)	Update to Formulary-NonPreferred and require PA	10/1/2020
HEMANGEOL 4.28 MG/ML ORAL SOLN	Moves to NonPreferred, PA added, AL removed	10/1/2020
HORIZANT ER 300 MG TABLET HORIZANT ER 600 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
HUMALOG 100 UNIT/ML VIAL	Update to Formulary - Preferred, Brand Preferred added, PA removed	10/1/2020
HUMALOG 100 UNITS/ML CARTRIDGE HUMALOG 100 UNITS/ML KWIKPEN	Formulary-Preferred; Brand Preferred, QL Added	10/1/2020
HUMALOG 200 UNITS/ML KWIKPEN	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
HUMALOG JR 100 UNIT/ML KWIKPEN	Formulary-Preferred; Brand Preferred, QL Added	10/1/2020
HUMALOG MIX 50-50 KWIKPEN HUMALOG MIX 75-25 KWIKPEN	Formulary-Preferred, AL removed	10/1/2020
HUMALOG MIX 50-50 VIAL HUMALOG MIX 75-25 VIAL HUMULIN 70-30 VIAL	Update to Formulary - Preferred, QL less stringent	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
HUMATROPE 5 MG VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
HUMATROPE 6 MG CARTRIDGE HUMATROPE 12 MG CARTRIDGE HUMATROPE 24 MG CARTRIDGE	Update to Formulary-NonPreferred and require PA	10/1/2020
HUMIRA 10 MG/0.2 ML SYRINGE HUMIRA 20 MG/0.4 ML SYRINGE HUMIRA 40 MG/0.8 ML SYRINGE HUMIRA PEN 40 MG/0.8 ML HUMIRA PEN CROHN-UC-HS 40 MG HUMIRA PEN PS-UV-ADOL HS 40 MG	Formulary-Preferred, PA removed, QL removed	10/1/2020
HUMIRA(CF) 10 MG/0.1 ML SYRING HUMIRA(CF) 20 MG/0.2 ML SYRING HUMIRA(CF) 40 MG/0.4 ML SYRING HUMIRA(CF) PEDI CROHN 80-40 MG HUMIRA(CF) PEDI CROHN 80MG/0.8 HUMIRA(CF) PEN 40 MG/0.4 ML HUMIRA(CF) PEN CRHN-UC-HS 80MG HUMIRA(CF) PEN PS-UV-AHS 80-40	Formulary-Preferred, PA removed, QL removed	10/1/2020
HUMULIN 70/30 KWIKPEN	Updated to Formulary-Preferred, AL removed	10/1/2020
HUMULIN N 100 UNIT/ML VIAL HUMULIN R 100 UNIT/ML VIAL	Formulary - Preferred, QL less stringent	10/1/2020
HUMULIN N 100 UNITS/ML KWIKPEN	Moves to NonPreferred, PA added, AL removed	10/1/2020
HUMULIN R 500 UNITS/ML KWIKPEN	Formulary-Preferred, QL Added	10/1/2020
HUMULIN R 500 UNITS/ML VIAL	Formulary-Preferred, PA removed, QL added	10/1/2020
HYDROCODONE ER 10 MG CAPSULE HYDROCODONE ER 15 MG CAPSULE HYDROCODONE ER 30 MG CAPSULE HYDROCODONE ER 40 MG CAPSULE HYDROCODONE ER 50 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
HYDROCODONE-ACETAMIN 2.5-108/5 HYDROCODONE-ACETAMIN 5-217/10	Formulary-Preferred	10/1/2020
HYDROCODONE-ACETAMIN 5-300 MG HYDROCODONE-ACETAMIN 7.5-300 HYDROCODONE-ACETAMIN 10-300 MG	Formulary-Preferred	10/1/2020
HYDROCODONE-ACETAMIN 5-325 MG HYDROCODONE-ACETAMIN 7.5-325 HYDROCODONE-ACETAMIN 10-325 MG	Formulary-Preferred, QL removed	10/1/2020

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HYDROCODONE-ACETAMN 7.5-325/15	Formulary-Preferred, QL removed	10/1/2020
HYDROCODONE-IBUPROFEN 10-200	Update to Formulary-NonPreferred and require PA	10/1/2020
HYDROCODONE-IBUPROFEN 5-200 MG HYDROCODONE-IBUPROFEN 7.5-200	Moves to NonPreferred, PA added, QL Removed	10/1/2020
HYDROCORT BUTY 0.1% LIPID CRM HYDROCORT BUTY 0.1% LIPO CREAM HYDROCORTISONE BUTY 0.1% CREAM HYDROCORTISONE BUTYR 0.1% LOTN HYDROCORTISONE BUTYR 0.1% OINT	Update to Formulary-NonPreferred and require PA	10/1/2020
HYDROCORTISONE 0.1% SOLN	Update to Formulary-NonPreferred and require PA	10/1/2020
HYDROCORTISONE 0.5% CREAM ANTI-ITCH 1% CREAM HM HYDROCORTISONE 1% CREAM	Formulary-Preferred	10/1/2020
HYDROCORTISONE VAL 0.2% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
HYDROCORTISONE VAL 0.2% OINTMT	Update to Formulary-NonPreferred and require PA	10/1/2020
HYDROCORTISONE-ALOE 1% CREAM SM HYDROCORTISONE-ALOE 1% CRM	Update to Formulary-NonPreferred and require PA	10/1/2020
HYDROMORPHONE 3 MG SUPPOS	Moves to NonPreferred, PA added, QL Removed	10/1/2020
HYDROMORPHONE 8 MG TABLET	Formulary-Preferred, QL Added	10/1/2020
HYDROMORPHONE HCL ER 8 MG TAB HYDROMORPHONE HCL ER 12 MG TAB HYDROMORPHONE HCL ER 16 MG TAB HYDROMORPHONE HCL ER 32 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
HYDROXYPROGEST 250 MG/ML VIAL HYDROXYPROGESTERONE 1.25 G/5ML	Formulary-Preferred w/Clinical PA	10/1/2020
HYDROXYZINE 10 MG/5 ML SOLN	Formulary-Preferred, AL removed	10/1/2020
HYDROXYZINE HCL 10 MG TABLET HYDROXYZINE HCL 25 MG TABLET HYDROXYZINE HCL 50 MG TABLET	Formulary-Preferred, AL removed	10/1/2020
HYDROXYZINE PAM 25 MG CAP HYDROXYZINE PAM 50 MG CAP HYDROXYZINE PAM 100 MG CAP	Formulary-Preferred, AL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
HYSINGLA ER 20 MG TABLET HYSINGLA ER 30 MG TABLET HYSINGLA ER 40 MG TABLET HYSINGLA ER 60 MG TABLET HYSINGLA ER 80 MG TABLET HYSINGLA ER 100 MG TABLET HYSINGLA ER 120 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
HYZAAR 50-12.5 TABLET HYZAAR 100-12.5 TABLET HYZAAR 100-25 TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
IBUPROFEN 100 MG/5 ML SUSP	Formulary-Preferred, QL removed	10/1/2020
ILEVRO 0.3% OPHTH DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
ILUMYA 100 MG/ML SYRINGE	Update to Formulary-NonPreferred and require PA	10/1/2020
IMITREX 25 MG TABLET IMITREX 50 MG TABLET IMITREX 100 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
IMITREX 4 MG/0.5 ML CARTRIDGES IMITREX 4 MG/0.5 ML PEN INJECT IMITREX 6 MG/0.5 ML CARTRIDGES IMITREX 6 MG/0.5 ML PEN INJECT IMITREX 6 MG/0.5 ML VIAL	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
IMITREX 5 MG NASAL SPRAY IMITREX 20 MG NASAL SPRAY	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
INBRIJA 42 MG INHALATION CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
INCRUSE ELLIPTA 62.5 MCG INH	Moves to NonPreferred, PA added, QL Removed	10/1/2020
INDERAL LA 60 MG CAPSULE INDERAL LA 80 MG CAPSULE INDERAL LA 120 MG CAPSULE INDERAL LA 160 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
INDERAL XL 120 MG CAPSULE INDERAL XL 80 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
INDOCIN 25 MG/5 ML SUSPENSION INDOCIN 50 MG SUPPOSITORY	Update to Formulary-NonPreferred and require PA	10/1/2020
INDOMETHACIN 25 MG CAPSULE INDOMETHACIN 50 MG CAPSULE	Formulary-Preferred, AL removed	10/1/2020
INDOMETHACIN ER 75 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
INNOPRAN XL 80 MG CAPSULE INNOPRAN XL 120 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
INSULIN ASPART 100 UNIT/ML CRT* INSULIN ASPART 100 UNIT/ML PEN* INSULIN ASPART 100 UNIT/ML VL*	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
INSULIN ASPART PROT-INSULN ASP VIAL* INSULIN ASPART PROT-INSULN ASP Pen*	Moves to NonPreferred, PA added, AL removed for pen	10/1/2020
INSULIN LISPRO 100 UNIT/ML PEN* INSULIN LISPRO 100 UNIT/ML VL*	Moves to NonPreferred, PA added	10/1/2020
INVOKAMET 50-500 MG TABLET INVOKAMET 50-1,000 MG TABLET INVOKAMET 150-500 MG TABLET INVOKAMET 150-1,000 MG TABLET	Formulary-Preferred, PA removed, QL removed	10/1/2020
INVOKAMET XR 50-500 MG TABLET INVOKAMET XR 50-1,000 MG TAB INVOKAMET XR 150-500 MG TABLET INVOKAMET XR 150-1,000 MG TAB	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
INVOKANA 100 MG TABLET INVOKANA 300 MG TABLET	Formulary-Preferred w/Clinical PA, QL Removed	10/1/2020
IOPIDINE 0.5% EYE DROPS IOPIDINE 1% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	Formulary-Preferred, QL removed	10/1/2020
IPRATROPIUM 0.03% SPRAY IPRATROPIUM 0.06% SPRAY	Formulary-Preferred, QL removed	10/1/2020
IRBESARTAN 75 MG TABLET IRBESARTAN 150 MG TABLET IRBESARTAN 300 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
IRBESARTAN-HCTZ 150-12.5 MG TB IRBESARTAN-HCTZ 300-12.5 MG TB	Moves to NonPreferred, PA added	10/1/2020
ISRADIPINE 2.5 MG CAPSULE ISRADIPINE 5 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
ISTALOL 0.5% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
ITRACONAZOLE 10 MG/ML SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
ITRACONAZOLE 100 MG CAPSULE	Moves to NonPreferred, PA added, QL added	10/1/2020
JALYN 0.5-0.4 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
JANUMET 50-500 MG TABLET JANUMET 50-1,000 MG TABLET	Formulary-Preferred, PA removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
JANUMET XR 50-500 MG TABLET JANUMET XR 50-1,000 MG TABLET JANUMET XR 100-1,000 MG TABLET	Formulary-Preferred, PA removed, QL removed	10/1/2020
JANUVIA 25 MG TABLET JANUVIA 50 MG TABLET JANUVIA 100 MG TABLET	Formulary-Preferred, PA removed	10/1/2020
JARDIANCE 10 MG TABLET JARDIANCE 25 MG TABLET	Formulary-Preferred, PA removed, QL removed	10/1/2020
JENTADUETO 2.5 MG-500 MG TAB JENTADUETO 2.5 MG-850 MG TAB JENTADUETO 2.5 MG-1000 MG TAB	Formulary-Preferred, PA removed, QL removed	10/1/2020
JUBLIA 10% TOPICAL SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
KADIAN ER 10 MG CAPSULE KADIAN ER 20 MG CAPSULE KADIAN ER 30 MG CAPSULE KADIAN ER 40 MG CAPSULE KADIAN ER 50 MG CAPSULE KADIAN ER 60 MG CAPSULE KADIAN ER 80 MG CAPSULE KADIAN ER 100 MG CAPSULE KADIAN ER 200 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
KAPSPARGO SPRINKLE 25 MG CAP KAPSPARGO SPRINKLE 50 MG CAP KAPSPARGO SPRINKLE 100 MG CAP KAPSPARGO SPRINKLE 200 MG CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
KATERZIA 1 MG/ML SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
KAZANO 12.5-500 MG TABLET KAZANO 12.5-1,000 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
KEFLEX 250 MG CAPSULE KEFLEX 500 MG CAPSULE KEFLEX 750 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
KENALOG 0.147 MG/GRAM SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
KERYDIN 5% TOPICAL SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
KETOCONAZOLE 2% CREAM KETOCONAZOLE 2% SHAMPOO	Formulary-Preferred, QL removed	10/1/2020
KETOCONAZOLE 2% FOAM	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
KETOCONAZOLE 200 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
KETOPROFEN 50 MG CAPSULE KETOPROFEN 75 MG CAPSULE	Formulary-Preferred	10/1/2020
KETOPROFEN ER 200 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
KETOROLAC 0.4% OPHTH SOLUTION	Formulary-Preferred	10/1/2020
KETOROLAC 0.5% OPHTH SOLUTION	Formulary-Preferred, QL removed	10/1/2020
KETOROLAC 10 MG TABLET	QL added	10/1/2020
KETOROLAC 15.75 MG NASAL SPRAY	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
KETOTIFEN FUM 0.025% EYE DROPS	Formulary-Preferred, QL removed	10/1/2020
KEVZARA 150 MG/1.14 ML PEN INJ KEVZARA 150 MG/1.14 ML SYRINGE KEVZARA 200 MG/1.14 ML PEN INJ KEVZARA 200 MG/1.14 ML SYRINGE	Update to Formulary-NonPreferred and require PA	10/1/2020
KITABIS PAK 300 MG/5 ML	Formulary - Preferred, Brand Preferred added, PA removed	10/1/2020
KOMBIGLYZE XR 2.5-1,000 MG TAB KOMBIGLYZE XR 5-500 MG TABLET KOMBIGLYZE XR 5-1,000 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
LANSOPRAZOL-AMOXICIL-CLARITHRO	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
LANSOPRAZOLE DR 15 MG CAPSULE LANSOPRAZOLE DR 30 MG CAPSULE	Moves to NonPreferred, PA added	10/1/2020
LANSOPRAZOLE ODT 15 MG TABLET LANSOPRAZOLE ODT 30 MG TABLET	Moves to NonPreferred, PA added, AL removed, QL Removed	10/1/2020
LANTUS 100 UNIT/ML VIAL LANTUS SOLOSTAR 100 UNIT/ML	Formulary-Preferred, QL Added	10/1/2020
LASTACAFT 0.25% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
LATANOPROST 0.005% EYE DROPS	Formulary-Preferred, QL removed	10/1/2020
LESCOL XL 80 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LETAIRIS 5 MG TABLET LETAIRIS 10 MG TABLET	Formulary-Preferred w/Clinical PA	10/1/2020
LEUKINE 250 MCG VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
LEVALBUTEROL 0.31 MG/3 ML SOL LEVALBUTEROL 0.63 MG/3 ML SOL LEVALBUTEROL 1.25 MG/3 ML SOL	Moves to NonPreferred, PA added, QL Removed	10/1/2020
LEVALBUTEROL CONC 1.25 MG/0.5	Update to Formulary-NonPreferred and require PA	10/1/2020
LEVALBUTEROL TAR HFA 45MCG INH	Moves to NonPreferred, PA added	10/1/2020
LEVAQUIN 500 MG TABLET LEVAQUIN 750 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
LEVEMIR 100 UNIT/ML VIAL LEVEMIR FLEXTOUCH 100 UNIT/ML	Formulary-Preferred, QL Added	10/1/2020
LEVOBUNOLOL 0.5% EYE DROPS	Moves to NonPreferred, PA added	10/1/2020
LEVOCETIRIZINE 2.5 MG/5 ML SOL	Update to Formulary-NonPreferred and require PA	10/1/2020
LEVOCETIRIZINE 5 MG TABLET	Formulary-Preferred	10/1/2020
LEVOFLOXACIN 0.5% EYE DROPS	Moves to NonPreferred, PA added	10/1/2020
LEVOFLOXACIN 25 MG/ML SOLUTION	Formulary-Preferred, AL removed	10/1/2020
LEVORPHANOL 2 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LEXETTE 0.05% FOAM	Update to Formulary-NonPreferred and require PA	10/1/2020
LIALDA DR 1.2 GM TABLET	Formulary-Preferred; Brand Preferred	10/1/2020
LINEZOLID 100 MG/5 ML SUSP	Formulary-Preferred, PA removed	10/1/2020
LINEZOLID 600 MG TABLET	Formulary-Preferred, PA removed, QL added	10/1/2020
LINZESS 72 MCG CAPSULE LINZESS 145 MCG CAPSULE LINZESS 290 MCG CAPSULE	Formulary-Preferred w/Clinical PA	10/1/2020
LIPITOR 10 MG TABLET LIPITOR 20 MG TABLET LIPITOR 40 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
LIPITOR 80 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LIPOFEN 50 MG CAPSULE LIPOFEN 150 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
LIVALO 1 MG TABLET LIVALO 2 MG TABLET LIVALO 4 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
LOCOID 0.1% CREAM LOCOID 0.1% LOTION LOCOID 0.1% SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
LODOSYN 25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LONHALA MAGNAIR 25 MCG REFILL LONHALA MAGNAIR 25 MCG STARTER	Update to Formulary-NonPreferred and require PA	10/1/2020
LOPID 600 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LOPRESSOR 50 MG TABLET LOPRESSOR 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LOPROX 1% SHAMPOO	Update to Formulary-NonPreferred and require PA	10/1/2020
LORATADINE 10 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
LORATADINE 5 MG/5 ML SYRUP	Formulary-Preferred, AL removed, QL removed	10/1/2020
LORCET 5-325 MG TABLET LORCET HD 10-325 MG TABLET LORCET PLUS 7.5-325 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LORTAB 10 MG-300 MG/15 ML ELXR	Update to Formulary-NonPreferred and require PA	10/1/2020
LORZONE 375 MG TABLET LORZONE 750 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LOTENSIN 20 MG TABLET LOTENSIN 40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LOTENSIN HCT 10-12.5 MG TABLET LOTENSIN HCT 20-12.5 MG TABLET LOTENSIN HCT 20-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LOTREL 5-10 MG CAPSULE LOTREL 5-20 MG CAPSULE LOTREL 10-20 MG CAPSULE LOTREL 10-40 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
LOTRIMIN AF 1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
LOTRISONE CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
LOTRONEX 0.5 MG TABLET LOTRONEX 1 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
LOVASTATIN 10 MG TABLET LOVASTATIN 20 MG TABLET LOVASTATIN 40 MG TABLET	Formulary-Preferred, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
LOVAZA 1 GM CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
LOVENOX 30 MG/0.3 ML SYRINGE LOVENOX 40 MG/0.4 ML SYRINGE LOVENOX 60 MG/0.6 ML SYRINGE LOVENOX 80 MG/0.8 ML SYRINGE LOVENOX 100 MG/ML SYRINGE LOVENOX 120 MG/0.8 ML SYRINGE LOVENOX 150 MG/ML SYRINGE LOVENOX 300 MG/3 ML VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
LUMIGAN 0.01% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
LUXIQ 0.12% FOAM	Update to Formulary-NonPreferred and require PA	10/1/2020
LUZU 1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
MAKENA 250 MG/ML VIAL MAKENA 1,250 MG/5 ML VIAL MAKENA 275 MG/1.1 ML AUTOINJCT	Update to Formulary-NonPreferred and require PA	10/1/2020
MATZIM LA 180 MG TABLET MATZIM LA 240 MG TABLET MATZIM LA 300 MG TABLET MATZIM LA 360 MG TABLET MATZIM LA 420 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
MAVENCLAD 10 MG X 4 TABLET PK MAVENCLAD 10 MG X 5 TABLET PK MAVENCLAD 10 MG X 6 TABLET PK MAVENCLAD 10 MG X 7 TABLET PK MAVENCLAD 10 MG X 8 TABLET PK MAVENCLAD 10 MG X 9 TABLET PK MAVENCLAD 10 MG X 10 TABLET PK	Update to Formulary-NonPreferred and require PA	10/1/2020
MAXALT 10 MG TABLET MAXALT MLT 10 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
MAYZENT 0.25 MG TABLET MAYZENT 0.25 MG STARTER PACK MAYZENT 2 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
MECLOFENAMATE 50 MG CAPSULE MECLOFENAMATE 100 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
MEFENAMIC ACID 250 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
MEGACE ES 625 MG/5 ML SUSP	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
MEGESTROL 625 MG/5 ML SUSP	Update to Formulary-NonPreferred and require PA	10/1/2020
MELOXICAM 7.5 MG TABLET MELOXICAM 15 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
MEMANTINE HCL 2MG/ML SOLUTION	Formulary-Preferred	10/1/2020
MEMANTINE HCL 5 MG TABLET MEMANTINE HCL 10 MG TABLET MEMANTINE 5-10 TITRATION PK	Formulary-Preferred, AL removed, QL removed	10/1/2020
MEMANTINE HCL ER 7 MG CAPSULE MEMANTINE HCL ER 14 MG CAPSULE MEMANTINE HCL ER 21 MG CAPSULE MEMANTINE HCL ER 28 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
MENTAX 1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
MEPERIDINE 50 MG TABLET MEPERIDINE 100 MG TABLET	Moves to NonPreferred, PA added, AL removed	10/1/2020
MESALAMINE 800 MG DR TABLET MESALAMINE DR 1.2 GM TABLET*	Moves to NonPreferred, PA added, QL Removed	10/1/2020
MESALAMINE DR 400 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
MESALAMINE ER 0.375 GRAM CAP*	Moves to NonPreferred, PA added, QL Removed	10/1/2020
METAXALONE 400 MG TABLET METAXALONE 800 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
METFORMIN ER 500 MG GASTRC-TB METFORMIN ER 1,000 MG GASTR-TB	Update to Formulary-NonPreferred and require PA	10/1/2020
METFORMIN ER 500 MG OSMOTIC TB METFORMIN ER 1,000 MG OSM-TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
METFORMIN HCL 500 MG TABLET METFORMIN HCL 850 MG TABLET METFORMIN HCL 1,000 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
METHADONE 10 MG/ML ORAL CONC	Moves to NonPreferred, PA added, QL Removed	10/1/2020
METHADONE 40 MG TABLET DISPR METHADONE INTENSOL 10 MG/ML	Update to Formulary-NonPreferred and require PA	10/1/2020
METHADONE 5 MG/5 ML SOLUTION METHADONE 10 MG/5 ML SOLUTION MEPERIDINE 50 MG/5 ML SOLUTION	Moves to NonPreferred, PA added, QL Removed	10/1/2020
METHADONE HCL 5 MG TABLET METHADONE HCL 10 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
METHADOSE 40 MG TABLET DISPR METHADOSE 10 MG/ML ORAL CONC	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
METHOCARBAMOL 500 MG TABLET METHOCARBAMOL 750 MG TABLET	Moves to NonPreferred, PA added, AL removed	10/1/2020
METHYLDOPA 250 MG TABLET METHYLDOPA 500 MG TABLET	Formulary-Preferred, AL removed	10/1/2020
METHYLDOPA-HCTZ 250-15 MG TAB METHYLDOPA-HCTZ 250-25 MG TAB	Moves to NonPreferred, PA added	10/1/2020
METOPROLOL SUCC ER 25 MG TAB METOPROLOL SUCC ER 50 MG TAB METOPROLOL SUCC ER 100 MG TAB METOPROLOL SUCC ER 200 MG TAB	Formulary-Preferred, QL removed	10/1/2020
METOPROLOL TARTRATE 25 MG TAB METOPROLOL TARTRATE 50 MG TAB METOPROLOL TARTRATE 100 MG TAB	Formulary-Preferred, QL removed	10/1/2020
METOPROLOL-HCTZ 50-25 MG TAB METOPROLOL-HCTZ 100-25 MG TAB METOPROLOL-HCTZ 100-50 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
METRONIDAZOLE 375 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
METRONIDAZOLE VAGINAL 0.75% GL	Moves to NonPreferred, PA added	10/1/2020
MICARDIS 20 MG TABLET MICARDIS 40 MG TABLET MICARDIS 80 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
MICARDIS HCT 40-12.5 MG TABLET MICARDIS HCT 80-12.5 MG TABLET MICARDIS HCT 80-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
MICORT HC 2.5% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
MIGLITOL 25 MG TABLET MIGLITOL 50 MG TABLET MIGLITOL 100 MG TABLET	Formulary-Preferred w/Clinical PA	10/1/2020
MINIPRESS 1 MG CAPSULE MINIPRESS 2 MG CAPSULE MINIPRESS 5 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
MIRAPEX 1.5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
MIRAPEX ER 0.375 MG TABLET MIRAPEX ER 0.75 MG TABLET MIRAPEX ER 1.5 MG TABLET MIRAPEX ER 2.25 MG TABLET MIRAPEX ER 3 MG TABLET MIRAPEX ER 3.75 MG TABLET MIRAPEX ER 4.5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
MITIGARE 0.6 MG CAPSULE	Formulary-Preferred; Brand Preferred	10/1/2020
MOBIC 7.5 MG TABLET MOBIC 15 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
MOEXIPRIL HCL 7.5 MG TABLET MOEXIPRIL HCL 15 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
MOMETASONE FUROATE 0.1% CREAM MOMETASONE FUROATE 0.1% OINT MOMETASONE FUROATE 0.1% SOLN	Formulary-Preferred, QL removed	10/1/2020
MOMETASONE FUROATE 50 MCG SPRY	Update to Formulary-NonPreferred and require PA	10/1/2020
MONTELUKAST SOD 10 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
MONTELUKAST SOD 4 MG GRANULES	Moves to NonPreferred, PA added, QL Removed	10/1/2020
MONTELUKAST SOD 4 MG TAB CHEW MONTELUKAST SOD 5 MG TAB CHEW	AL added	10/1/2020
MORPHABOND ER 15 MG TABLET MORPHABOND ER 30 MG TABLET MORPHABOND ER 60 MG TABLET MORPHABOND ER 100 MG TABLET	Formulary-Preferred	10/1/2020
MORPHINE SULF 5 MG SUPPOS MORPHINE SULF 10 MG SUPPOS MORPHINE SULF 20 MG SUPPOS MORPHINE SULF 30 MG SUPPOS	Formulary-Preferred	10/1/2020
MORPHINE SULF ER 15 MG TABLET MORPHINE SULF ER 30 MG TABLET MORPHINE SULF ER 60 MG TABLET MORPHINE SULF ER 100 MG TABLET MORPHINE SULF ER 200 MG TABLET	Formulary-Preferred, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
MORPHINE SULFATE ER 10 MG CAP MORPHINE SULFATE ER 20 MG CAP MORPHINE SULFATE ER 30 MG CAP MORPHINE SULFATE ER 40 MG CAP MORPHINE SULFATE ER 45 MG CAP MORPHINE SULFATE ER 50 MG CAP MORPHINE SULFATE ER 60 MG CAP MORPHINE SULFATE ER 75 MG CAP MORPHINE SULFATE ER 80 MG CAP MORPHINE SULFATE ER 90 MG CAP MORPHINE SULFATE ER 100 MG CAP MORPHINE SULFATE ER 120 MG CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
MOTEGRITY 1 MG TABLET MOTEGRITY 2 MG TABLET	Formulary-NonPreferred, AL removed, QL Removed	10/1/2020
MOVANTIK 12.5 MG TABLET MOVANTIK 25 MG TABLET	Formulary-Preferred	10/1/2020
MOXEZA 0.5% EYE DROPS	Formulary-Preferred; Brand Preferred	10/1/2020
MOXIFLOXACIN 0.5% EYE DROPS*	Update to Formulary-NonPreferred and require PA	10/1/2020
MUPIROCIN 2% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
MUPIROCIN 2% OINTMENT	Formulary-Preferred, QL removed	10/1/2020
MYRBETRIQ ER 25 MG TABLET MYRBETRIQ ER 50 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NABUMETONE 500 MG TABLET NABUMETONE 750 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
NADOLOL 20 MG TABLET NADOLOL 40 MG TABLET NADOLOL 80 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
NADOLOL-BENDROFLU 80-5 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
NAFTIFINE HCL 1% CREAM NAFTIFINE HCL 2% CREAM NAFTIFINE HCL 1% GEL	Update to Formulary-NonPreferred and require PA	10/1/2020
NAFTIN 2% CREAM NAFTIN 1% GEL NAFTIN 2% GEL	Update to Formulary-NonPreferred and require PA	10/1/2020
NALFON 400 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
NAMENDA 5 MG TABLET NAMENDA 10 MG TABLET NAMENDA 5-10 MG TITRATION PK NAMENDA XR 7 MG CAPSULE NAMENDA XR 14 MG CAPSULE NAMENDA XR 21 MG CAPSULE NAMENDA XR 28 MG CAPSULE NAMENDA XR TITRATION PACK	Update to Formulary-NonPreferred and require PA	10/1/2020
NAMZARIC 14 MG-10 MG CAPSULE NAMZARIC 28 MG-10 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
NAPRELAN CR 375 MG TABLET NAPRELAN CR 500 MG TABLET NAPRELAN CR 750 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NAPROXEN 125 MG/5 ML SUSPEN	Update to Formulary-NonPreferred, AL removed	10/1/2020
NAPROXEN DR 375 MG TABLET NAPROXEN DR 500 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
NAPROXEN SOD CR 375 MG TABLET NAPROXEN SOD CR 500 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NAPROXEN SOD ER 500 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NAPROXEN SODIUM 220 MG CAPLET NAPROXEN SODIUM 220 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
NAPROXEN SODIUM 275 MG TAB NAPROXEN SODIUM 550 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
NAPROXEN-ESOMEPRAZ DR 500-20MG	Update to Formulary-NonPreferred and require PA	10/1/2020
NARATRIPTAN HCL 1 MG TABLET NARATRIPTAN HCL 2.5 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
NASONEX 50 MCG NASAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
NATEGLINIDE 60 MG TABLET NATEGLINIDE 120 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
NEOMYCIN 500 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
NESINA 6.25 MG TABLET NESINA 12.5 MG TABLET NESINA 25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NEUAC GEL NEUAC 1.2-5% KIT	Update to Formulary-NonPreferred and require PA	10/1/2020
NEULASTA 6 MG/0.6 ML SYRINGE NEULASTA ONPRO 6 MG/0.6 ML KIT	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
NEUPOGEN 300 MCG/0.5 ML SYR NEUPOGEN 300 MCG/ML VIAL	Formulary-Preferred, PA removed	10/1/2020
NEUPOGEN 480 MCG/0.8 ML SYR NEUPOGEN 480 MCG/1.6 ML VIAL	Formulary-Preferred, PA removed	10/1/2020
NEUPRO 1 MG/24 HR PATCH NEUPRO 2 MG/24 HR PATCH NEUPRO 3 MG/24 HR PATCH NEUPRO 4 MG/24 HR PATCH NEUPRO 6 MG/24 HR PATCH NEUPRO 8 MG/24 HR PATCH	Update to Formulary-NonPreferred and require PA	10/1/2020
NEVANAC 0.1% DROPTAINER	Update to Formulary-NonPreferred and require PA	10/1/2020
NEXIUM DR 20 MG CAPSULE NEXIUM DR 40 MG CAPSULE NEXIUM DR 2.5 MG PACKET NEXIUM DR 5 MG PACKET NEXIUM DR 10 MG PACKET NEXIUM DR 20 MG PACKET NEXIUM DR 40 MG PACKET	Update to Formulary-NonPreferred and require PA	10/1/2020
NIACIN 100 MG TABLET NIACIN 500 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
NIACIN ER 500 MG TABLET* NIACIN ER 750 MG TABLET* NIACIN ER 1,000 MG TABLET*	Update to Formulary-NonPreferred and require PA	10/1/2020
NIACIN TR 500 MG CAPLET NIACIN 500 MG CAPSULE SA NIACIN TR 500 MG CAPSULE NIACIN ER 500 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
NIASPAN ER 500 MG TABLET NIASPAN ER 750 MG TABLET NIASPAN ER 1,000 MG TABLET	Formulary-Preferred; Brand Preferred	10/1/2020
NICARDIPINE 20 MG CAPSULE NICARDIPINE 30 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
NIFEDIPINE 10 MG CAPSULE NIFEDIPINE 20 MG CAPSULE	Formulary-Preferred, AL removed, QL removed	10/1/2020
NIFEDIPINE ER 30 MG TABLET NIFEDIPINE ER 60 MG TABLET NIFEDIPINE ER 90 MG TABLET	Formulary-Preferred, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
NISOLDIPINE ER 8.5 MG TABLET NISOLDIPINE ER 17 MG TABLET NISOLDIPINE ER 20 MG TABLET NISOLDIPINE ER 25.5 MG TABLET NISOLDIPINE ER 30 MG TABLET NISOLDIPINE ER 34 MG TABLET NISOLDIPINE ER 40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NIZORAL 2% SHAMPOO	Update to Formulary-NonPreferred and require PA	10/1/2020
NORCO 5-325 TABLET NORCO 7.5-325 TABLET NORCO 10-325 TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NORETHINDRONE 5 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
NORVASC 2.5 MG TABLET NORVASC 5 MG TABLET NORVASC 10 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NOURIANZ 20 MG TABLET NOURIANZ 40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NOVOLIN 70-30 FLEXPEN NOVOLIN 70-30 100 UNIT/ML VIAL	Moves to NonPreferred, PA added	10/1/2020
NOVOLIN N 100 UNIT/ML FLEXPEN NOVOLIN R 100 UNIT/ML FLEXPEN	Formulary-Preferred, QL Added	10/1/2020
NOVOLIN N 100 UNIT/ML VIAL NOVOLIN R 100 UNIT/ML VIAL	Formulary - Preferred, QL less stringent	10/1/2020
NOVOLOG 100 UNIT/ML CARTRIDGE NOVOLOG 100 UNIT/ML FLEXPEN NOVOLOG 100 UNIT/ML VIAL	Formulary-Preferred; Brand Preferred, QL Added	10/1/2020
NOVOLOG MIX 70-30 FLEXPEN NOVOLOG MIX 70-30 VIAL	Formulary-Preferred; Brand Preferred, QL Added	10/1/2020
NOXAFIL DR 100 MG TABLET NOXAFIL 40 MG/ML SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
NUCYNTA 50 MG TABLET NUCYNTA 75 MG TABLET NUCYNTA 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
NUCYNTA ER 50 MG TABLET NUCYNTA ER 100 MG TABLET NUCYNTA ER 150 MG TABLET NUCYNTA ER 200 MG TABLET NUCYNTA ER 250 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
NUTROPIN AQ NUSPIN 5 INJECTOR NUTROPIN AQ NUSPIN 10 INJECTOR NUTROPIN AQ NUSPIN 20 INJECTOR	Formulary-Preferred w/Clinical PA	10/1/2020
NYSTATIN 100,000 UNIT/GM POWD NYAMYC 100,000 UNITS/GM POWDER NYSTOP 100,000 UNITS/GM POWDER	Formulary-Preferred, QL removed	10/1/2020
NYSTATIN 500,000 UNIT ORAL TAB	Moves to NonPreferred, PA added	10/1/2020
NYSTATIN-TRIAMCINOLONE CREAM NYSTATIN-TRIAMCINOLONE OINTM	Moves to NonPreferred, PA added, QL Removed	10/1/2020
OCUFLOX 0.3% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
OLMESARTAN MEDOXOMIL 5 MG TAB OLMESARTAN MEDOXOMIL 20 MG TAB OLMESARTAN MEDOXOMIL 40 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
OLMESARTAN/AMLODIPIN/HCTHIAZID 20-5-12.5 MG TABLET OLMESARTAN/AMLODIPIN/HCTHIAZID 40-5-12.5 MG TABLET OLMESARTAN/AMLODIPIN/HCTHIAZID 40-5-25 MG TABLET OLMESARTAN/AMLODIPIN/HCTHIAZID 40-10-12.5 MG TABLET OLMESARTAN/AMLODIPIN/HCTHIAZID 40-10-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
OLMESARTAN-HCTZ 20-12.5 MG TAB OLMESARTAN-HCTZ 40-12.5 MG TAB OLMESARTAN-HCTZ 40-25 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
OLOPATADINE 665 MCG NASAL SPRY	Update to Formulary-NonPreferred and require PA	10/1/2020
OLOPATADINE HCL 0.1% EYE DROPS OLOPATADINE HCL 0.2% EYE DROP	Formulary-Preferred	10/1/2020
OLUMIANT 1 MG TABLET OLUMIANT 2 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
OLUX 0.05% FOAM OLUX-E 0.05% FOAM	Update to Formulary-NonPreferred and require PA	10/1/2020
OMECLAMOX-PAK COMBO PACK	Update to Formulary-NonPreferred and require PA	10/1/2020
OMEGA-3 ETHYL ESTERS 1 GM CAP	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
OMEPRAZOLE DR 10 MG CAPSULE OMEPRAZOLE DR 20 MG CAPSULE OMEPRAZOLE DR 40 MG CAPSULE	Formulary-Preferred, QL removed	10/1/2020
OMEPRAZOLE DR 20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
OMEPRAZOLE MAG DR 20.6 MG CAP	Moves to NonPreferred, PA added, QL Removed	10/1/2020
OMEPRAZOLE-BICARB 20-1,100 CAP OMEPRAZOLE-BICARB 40-1,100 CAP OMEPRAZOLE-BICARB 20-1,680 PKT OMEPRAZOLE-BICARB 40-1,680 PKT	Update to Formulary-NonPreferred and require PA	10/1/2020
OMNARIS 50 MCG NASAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
OMNITROPE 5 MG/1.5 ML CRTG OMNITROPE 10 MG/1.5 ML CRTG OMNITROPE 5.8 MG VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
ONDANSETRON 4 MG/5 ML SOLUTION	QL more stringent	10/1/2020
ONDANSETRON HCL 4 MG TABLET ONDANSETRON HCL 8 MG TABLET	QL more stringent	10/1/2020
ONDANSETRON ODT 4 MG TABLET ONDANSETRON ODT 8 MG TABLET	QL more stringent	10/1/2020
ONEXTON GEL PUMP ONEXTON 1.2%-3.75% GEL	Update to Formulary-NonPreferred and require PA	10/1/2020
ONGLYZA 2.5 MG TABLET ONGLYZA 5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ONMEL 200 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ONZETRA XSAIL 11 MG/NOSEPIECE	Update to Formulary-NonPreferred and require PA	10/1/2020
OPANA 10 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
OPSUMIT 10 MG TABLET	Formulary-Preferred w/Clinical PA	10/1/2020
ORAVIG 50 MG BUCCAL TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ORENCIA 50 MG/0.4 ML SYRINGE ORENCIA 87.5 MG/0.7 ML SYRINGE ORENCIA 125 MG/ML SYRINGE ORENCIA CLICKJECT 125 MG/ML	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
ORENITRAM ER 0.125 MG TABLET ORENITRAM ER 0.25 MG TABLET ORENITRAM ER 1 MG TABLET ORENITRAM ER 2.5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
ORENITRAM ER 5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ORPHENADRINE ER 100 MG TABLET	Formulary-Preferred, AL removed, QL removed	10/1/2020
OSELTAMIVIR 6 MG/ML SUSPENSION	Formulary-Preferred, AL removed	10/1/2020
OSELTAMIVIR PHOS 30 MG CAPSULE OSELTAMIVIR PHOS 45 MG CAPSULE OSELTAMIVIR PHOS 75 MG CAPSULE	Formulary-Preferred, QL removed	10/1/2020
OSENI 12.5-15 MG TABLET OSENI 12.5-30 MG TABLET OSENI 12.5-45 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
OSENI 25-15 MG TABLET OSENI 25-30 MG TABLET OSENI 25-45 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
OSMOLEX ER 129 MG TABLET OSMOLEX ER 193 MG TABLET OSMOLEX ER 258 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
OTEZLA 28 DAY STARTER PACK OTEZLA 30 MG TABLET	Formulary-NonPreferred, AL removed, QL Removed	10/1/2020
OTOVEL 0.3%-0.025% EAR DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
OXAPROZIN 600 MG CAPLET OXAPROZIN 600 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
OXISTAT 1% CREAM OXISTAT 1% LOTION	Update to Formulary-NonPreferred and require PA	10/1/2020
OXYBUTYNIN 5 MG TABLET OXYBUTYNIN 5 MG/5 ML SYRUP OXYBUTYNIN CL ER 5 MG TABLET OXYBUTYNIN CL ER 10 MG TABLET OXYBUTYNIN CL ER 15 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
OXYCODON-ACETAMINOPHEN 2.5-325	Formulary-Preferred	10/1/2020
OXYCODON-ACETAMINOPHEN 7.5-325	Formulary-Preferred, QL removed	10/1/2020
OXYCODONE HCL 10 MG TABLET OXYCODONE HCL 15 MG TABLET	Formulary-Preferred, QL Added	10/1/2020
OXYCODONE HCL 100 MG/5 ML SOLN	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
OXYCODONE HCL 20 MG TABLET OXYCODONE HCL 30 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
OXYCODONE HCL 5 MG CAPSULE	Formulary-Preferred, QL Added	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
OXYCODONE HCL ER 10 MG TABLET OXYCODONE HCL ER 20 MG TABLET OXYCODONE HCL ER 40 MG TABLET OXYCODONE HCL ER 60 MG TABLET OXYCODONE HCL ER 80 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
OXYCODONE-ACETAMINOPHEN 5-325 OXYCODONE-ACETAMINOPHEN 10-325	Formulary-Preferred, QL removed	10/1/2020
OXYCODONE-ASPIRIN 4.8355-325	Update to Formulary-NonPreferred and require PA	10/1/2020
OXYCONTIN ER 10 MG TABLET OXYCONTIN ER 15 MG TABLET OXYCONTIN ER 20 MG TABLET OXYCONTIN ER 30 MG TABLET OXYCONTIN ER 40 MG TABLET OXYCONTIN ER 60 MG TABLET OXYCONTIN ER 80 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
OXYMORPHONE HCL 5 MG TABLET OXYMORPHONE HCL 10 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
OXYMORPHONE HCL ER 5 MG TABLET OXYMORPHONE HCL ER 7.5 MG TAB OXYMORPHONE HCL ER 10 MG TAB OXYMORPHONE HCL ER 15 MG TAB OXYMORPHONE HCL ER 20 MG TAB OXYMORPHONE HCL ER 30 MG TAB OXYMORPHONE HCL ER 40 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
OXYTROL 3.9 MG/24HR PATCH	Update to Formulary-NonPreferred and require PA	10/1/2020
OZEMPIC 0.25-0.5 MG DOSE PEN OZEMPIC 1 MG DOSE PEN	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
PANCREAZE DR 2,600 UNIT CAP PANCREAZE DR 4,200 UNIT CAP PANCREAZE DR 10,500 UNIT CAP PANCREAZE DR 16,800 UNIT CAP PANCREAZE DR 21,000 UNIT CAP	Moves to NonPreferred, PA added, QL Removed	10/1/2020
PANDEL 0.1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
PANTOPRAZOLE SOD DR 20 MG TAB	Formulary-Preferred, QL removed	10/1/2020
PANTOPRAZOLE SOD DR 40 MG TAB	Formulary-Preferred, QL removed	10/1/2020
PARLODEL 2.5 MG TABLET PARLODEL 5 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
PATADAY 0.2% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
PATANASE 665 MCG NASAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
PATANOL 0.1% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
PAZEO 0.7% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
PENLAC 8% SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
PENNSAID 2% PUMP	Update to Formulary-NonPreferred and require PA	10/1/2020
PENTASA 250 MG CAPSULE PENTASA 500 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
PENTAZOCINE-NALOXONE TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
PERCOCET 2.5-325 MG TABLET PERCOCET 5-325 MG TABLET PERCOCET 7.5-325 MG TABLET PERCOCET 10-325 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PERFOROMIST 20 MCG/2 ML SOLN	Update to Formulary-NonPreferred and require PA	10/1/2020
PERINDOPRIL ERBUMINE 2 MG TAB PERINDOPRIL ERBUMINE 4 MG TAB	Moves to NonPreferred, PA added	10/1/2020
PERINDOPRIL ERBUMINE 8 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
PERTZYE DR 4,000 UNIT CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
PERTZYE DR 8,000 UNIT CAPSULE PERTZYE DR 16,000 UNIT CAPSULE PERTZYE DR 24,000 UNIT CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
PHOSLYRA 667 MG/5 ML SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
PIMECROLIMUS 1% CREAM*	Moves to NonPreferred, AL added, PA added	10/1/2020
PINDOLOL 5 MG TABLET PINDOLOL 10 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PIOGLITAZONE HCL 15 MG TABLET PIOGLITAZONE HCL 30 MG TABLET PIOGLITAZONE HCL 45 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
PIOGLITAZONE-GLIMEPIRIDE 30-2 PIOGLITAZONE-GLIMEPIRIDE 30-4	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
PIOGLITAZONE-METFORMIN 15-500 PIOGLITAZONE-METFORMIN 15-850	Update to Formulary-NonPreferred and require PA	10/1/2020
PIROXICAM 10 MG CAPSULE PIROXICAM 20 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
PLAVIX 75 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PLEGRIDY 125 MCG/0.5 ML PEN PLEGRIDY 125 MCG/0.5 ML SYRING PLEGRIDY PEN INJ STARTER PACK PLEGRIDY SYRINGE STARTER PACK	Update to Formulary-NonPreferred and require PA	10/1/2020
POSACONAZOLE DR 100 MG TABLET POSACONAZOLE 200 MG/5 ML SUSP	Update to Formulary-NonPreferred and require PA	10/1/2020
PRADAXA 75 MG CAPSULE PRADAXA 110 MG CAPSULE PRADAXA 150 MG CAPSULE	Formulary-Preferred	10/1/2020
PRALUENT 75 MG/ML PEN PRALUENT 150 MG/ML PEN	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
PRAMIPEXOLE 0.125 MG TABLET PRAMIPEXOLE 0.25 MG TABLET PRAMIPEXOLE 0.5 MG TABLET PRAMIPEXOLE 0.75 MG TABLET PRAMIPEXOLE 1 MG TABLET PRAMIPEXOLE 1.5 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
PRAMIPEXOLE ER 0.375 MG TABLET PRAMIPEXOLE ER 0.75 MG TABLET PRAMIPEXOLE ER 1.5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PRANDIN 1 MG TABLET PRANDIN 2 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PRASUGREL 5 MG TABLET PRASUGREL 10 MG TABLET	AL added	10/1/2020
PRAVACHOL 20 MG TABLET PRAVACHOL 40 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
PRAVASTATIN SODIUM 10 MG TAB PRAVASTATIN SODIUM 20 MG TAB PRAVASTATIN SODIUM 40 MG TAB PRAVASTATIN SODIUM 80 MG TAB	Formulary - Preferred, QL less stringent	10/1/2020
PRAZOSIN 1 MG CAPSULE PRAZOSIN 2 MG CAPSULE PRAZOSIN 5 MG CAPSULE	Formulary-Preferred, QL removed	10/1/2020
PRECOSE 25 MG TABLET PRECOSE 50 MG TABLET PRECOSE 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
PREDNICARBATE 0.1% CREAM PREDNICARBATE 0.1% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
PREVACID DR 15 MG CAPSULE PREVACID DR 30 MG CAPSULE PREVACID 15 MG SOLUTAB PREVACID 30 MG SOLUTAB PREVACID 24HR DR 15 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
PREVALITE PACKET PREVALITE POWDER	Formulary-Preferred	10/1/2020
PRILOSEC DR 2.5 MG SUSPENSION PRILOSEC DR 10 MG SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
PRIMLEV 5-300 MG TABLET PRIMLEV 7.5-300 MG TABLET PRIMLEV 10-300 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PRINIVIL 5 MG TABLET PRINIVIL 10 MG TABLET PRINIVIL 20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PROAIR DIGIHALER 90 MCG INHALR PROAIR RESPICLICK INHAL POWDER	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
PROAIR HFA 90 MCG INHALER	Formulary-Preferred; Brand Preferred, QL Added	10/1/2020
PROCARDIA 10 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
PROCARDIA XL 30 MG TABLET PROCARDIA XL 60 MG TABLET PROCARDIA XL 90 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PROGESTERONE 100 MG CAPSULE PROGESTERONE 200 MG CAPSULE	Formulary-Preferred, QL removed	10/1/2020
PROGESTERONE OIL 50 MG/ML VL	Update to Formulary-NonPreferred and require PA	10/1/2020
PROLENSA 0.07% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
PROMETRIUM 100 MG CAPSULE PROMETRIUM 200 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
PROPRANOLOL ER 60 MG CAPSULE PROPRANOLOL ER 80 MG CAPSULE PROPRANOLOL ER 120 MG CAPSULE PROPRANOLOL ER 160 MG CAPSULE	Formulary-Preferred, QL removed	10/1/2020
PROPRANOLOL-HCTZ 40-25 MG TAB PROPRANOLOL-HCTZ 80-25 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
PROSCAR 5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
PROTONIX 40 MG SUSPENSION PROTONIX DR 20 MG TABLET PROTONIX DR 40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PROTOPIC 0.03% OINTMENT PROTOPIC 0.1% OINTMENT	Update to Formulary-NonPreferred and require PA, AL added, QL Added	10/1/2020
PROVENTIL HFA 90 MCG INHALER	Formulary-Preferred; Brand Preferred, QL Added	10/1/2020
PROVERA 2.5 MG TABLET PROVERA 5 MG TABLET PROVERA 10 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
PROVIL 200 MG TABLET	Formulary-Preferred	10/1/2020
PULMICORT 0.25 MG/2 ML RESPUL PULMICORT 0.5 MG/2 ML RESPULE PULMICORT 1 MG/2 ML RESPULE	Update to Formulary-NonPreferred and require PA	10/1/2020
PULMICORT 90 MCG FLEXHALER PULMICORT 180 MCG FLEXHALER	Moves to NonPreferred, PA added	10/1/2020
PYLERA CAPSULE	Formulary-Preferred	10/1/2020
QBRELIS 1MG/ML SOLUTION	Moves to NonPreferred, PA added, AL removed	10/1/2020
QMIIZ ODT 7.5 MG TABLET QMIIZ ODT 15 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
QNASL CHILDREN'S 40 MCG SPRAY QNASL 80 MCG NASAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
QTERN 10 MG-5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
QUESTRAN LIGHT POWDER QUESTRAN PACKET QUESTRAN POWDER	Update to Formulary-NonPreferred and require PA	10/1/2020
QUINAPRIL 5 MG TABLET QUINAPRIL 10 MG TABLET QUINAPRIL 20 MG TABLET QUINAPRIL 40 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
QUINAPRIL-HCTZ 10-12.5 MG TAB QUINAPRIL-HCTZ 20-12.5 MG TAB QUINAPRIL-HCTZ 20-25 MG TAB	Moves to NonPreferred, PA added	10/1/2020
QVAR REDIHALER 40 MCG QVAR REDIHALER 80 MCG	Moves to NonPreferred, PA added, QL Removed	10/1/2020
RABEPRAZOLE SOD DR 20 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
RALOXIFENE HCL 60 MG TABLET	Formulary-Preferred, AL removed, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
RAMIPRIL 1.25 MG CAPSULE RAMIPRIL 2.5 MG CAPSULE RAMIPRIL 5 MG CAPSULE RAMIPRIL 10 MG CAPSULE	Moves to NonPreferred, PA added	10/1/2020
RAPAFLO 4 MG CAPSULE RAPAFLO 8 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
RASAGILINE MESYLATE 0.5 MG TAB RASAGILINE MESYLATE 1 MG TAB	Update to Formulary-NonPreferred and require PA, AL added	10/1/2020
RAZADYNE 4 MG TABLET RAZADYNE 8 MG TABLET RAZADYNE 12 MG TABLET RAZADYNE ER 8 MG CAPSULE RAZADYNE ER 16 MG CAPSULE RAZADYNE ER 24 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
REBIF 22 MCG/0.5 ML SYRINGE	Formulary-Preferred	10/1/2020
REBIF 44 MCG/0.5 ML SYRINGE	Formulary-Preferred, QL Added	10/1/2020
REBIF REBIDOSE 22 MCG/0.5 ML REBIF REBIDOSE 44 MCG/0.5 ML REBIF REBIDOSE TITRATION PACK REBIF TITRATION PACK	Formulary-Preferred	10/1/2020
RELAFEN DS 1,000 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
RELENZA 5 MG DISKHALER	Formulary-Preferred, AL removed	10/1/2020
RELION NOVOLIN 70-30 VIAL	Formulary-Preferred, QL Added	10/1/2020
RELION NOVOLIN N 100 UNIT/ML RELION NOVOLIN R 100 UNIT/ML	Formulary-Preferred, QL Added	10/1/2020
RELISTOR 8 MG/0.4 ML SYRINGE RELISTOR 12 MG/0.6 ML SYRINGE RELISTOR 12 MG/0.6 ML VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
RELPAX 20 MG TABLET RELPAX 40 MG TABLET	Formulary-Preferred; Brand Preferred, QL Added	10/1/2020
RENAGEL 800 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
RENVELA 0.8 GM POWDER PACKET RENVELA 2.4 GM POWDER PACKET	Update to Formulary-NonPreferred and require PA	10/1/2020
RENVELA 800 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
REPAGLINIDE 0.5 MG TABLET REPAGLINIDE 1 MG TABLET REPAGLINIDE 2 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
REPATHA 140 MG/ML SURECLICK REPATHA 140 MG/ML SYRINGE REPATHA 420 MG/3.5ML PUSHTRONX	Formulary-Preferred w/Clinical PA, QL Added	10/1/2020
REQUIP XL 4 MG TABLET REQUIP XL 6 MG TABLET REQUIP XL 8 MG TABLET REQUIP XL 12 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
REVATIO 10 MG/ML ORAL SUSP	Formulary-Preferred; Brand Preferred w/Clinical PA	10/1/2020
REVATIO 20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
RHOPRESSA 0.02% OPHTH SOLUTION	Formulary-Preferred	10/1/2020
RINVOQ ER 15 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
RIOMET 500 MG/5 ML SOLUTION	Formulary-Preferred	10/1/2020
RIOMET ER 500 MG/5 ML SUSP	Update to Formulary-NonPreferred and require PA	10/1/2020
RISEDRONATE SOD DR 35 MG TAB RISEDRONATE SODIUM 35 MG TAB	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
RISEDRONATE SODIUM 5 MG TABLET RISEDRONATE SODIUM 30 MG TAB RISEDRONATE SODIUM 150 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
RIVASTIGMINE 1.5 MG CAPSULE RIVASTIGMINE 3 MG CAPSULE RIVASTIGMINE 4.5 MG CAPSULE RIVASTIGMINE 6 MG CAPSULE	Formulary-Preferred, AL removed, QL removed	10/1/2020
RIVASTIGMINE 4.6 MG/24HR PATCH* RIVASTIGMINE 9.5 MG/24HR PATCH* RIVASTIGMINE 13.3 MG/24HR PTCH*	Update to Formulary-NonPreferred and require PA	10/1/2020
RIZATRIPTAN 5 MG ODT RIZATRIPTAN 5 MG TABLET RIZATRIPTAN 10 MG ODT RIZATRIPTAN 10 MG TABLET	Formulary - Preferred, QL less stringent	10/1/2020
ROBAXIN-750 TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ROCKLATAN 0.02%-0.005% EYE DRP	Formulary-Preferred	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
ROPINIROLE HCL 0.25 MG TABLET ROPINIROLE HCL 0.5 MG TABLET ROPINIROLE HCL 1 MG TABLET ROPINIROLE HCL 2 MG TABLET ROPINIROLE HCL 3 MG TABLET ROPINIROLE HCL 4 MG TABLET ROPINIROLE HCL 5 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
ROPINIROLE HCL ER 2 MG TABLET ROPINIROLE HCL ER 4 MG TABLET ROPINIROLE HCL ER 6 MG TABLET ROPINIROLE HCL ER 8 MG TABLET ROPINIROLE HCL ER 12 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ROSUVASTATIN CALCIUM 5 MG TAB ROSUVASTATIN CALCIUM 10 MG TAB ROSUVASTATIN CALCIUM 20 MG TAB ROSUVASTATIN CALCIUM 40 MG TAB	Formulary-Preferred, QL removed	10/1/2020
ROXICODONE 5 MG TABLET ROXICODONE 15 MG TABLET ROXICODONE 30 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
RYBELSUS 3 MG TABLET RYBELSUS 7 MG TABLET RYBELSUS 14 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
RYTARY ER 23.75 MG-95 MG CAP RYTARY ER 36.25 MG-145 MG CAP RYTARY ER 48.75 MG-195 MG CAP RYTARY ER 61.25 MG-245 MG CAP	Update to Formulary-NonPreferred and require PA	10/1/2020
SAIZEN 5 MG VIAL SAIZEN 8.8 MG VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
SANCUSO 3.1 MG/24 HR PATCH	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
SAVAYSA 15 MG TABLET SAVAYSA 30 MG TABLET SAVAYSA 60 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
SAVELLA 12.5 MG TABLET SAVELLA 25 MG TABLET SAVELLA 50 MG TABLET SAVELLA 100 MG TABLET SAVELLA TITRATION PACK	Formulary-Preferred	10/1/2020
SCALPICIN 1% ANTI-ITCH LIQUID	Update to Formulary-NonPreferred and require PA	10/1/2020
SEEBRI NEOHALER 15.6 MCG INHAL	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
SELEGILINE HCL 5 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
SELEGILINE HCL 5 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
SERNIVO 0.05% SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
SEROSTIM 4 MG VIAL SEROSTIM 5 MG VIAL SEROSTIM 6 MG VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
SEVELAMER 0.8 GM POWDER PACKET SEVELAMER 2.4 GM POWDER PACKET	Formulary-NonPreferred w/Clinical PA	10/1/2020
SILDENAFIL 10 MG/ML ORAL SUSP*	Update to Formulary-NonPreferred and require PA	10/1/2020
SILIQ 210 MG/1.5 ML SYRINGE	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
SILODOSIN 4 MG CAPSULE SILODOSIN 8 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
SIMBRINZA 1%-0.2% EYE DROPS	Formulary-Preferred	10/1/2020
SIMPONI 50 MG/0.5 ML PEN INJEC SIMPONI 50 MG/0.5 ML SYRINGE SIMPONI 100 MG/ML PEN INJECTOR SIMPONI 100 MG/ML SYRINGE SIMPONI ARIA 50 MG/4 ML VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
SIMVASTATIN 5 MG TABLET SIMVASTATIN 10 MG TABLET SIMVASTATIN 20 MG TABLET SIMVASTATIN 40 MG TABLET SIMVASTATIN 80 MG TABLET	Formulary - Preferred, QL less stringent	10/1/2020
SINEMET 10-100 MG TABLET SINEMET 25-100 MG TABLET SINEMET 25-250 MG TABLET SINEMET CR 25-100 TABLET SINEMET CR 50-200 TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
SINGULAIR 10 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
SINGULAIR 4 MG GRANULES SINGULAIR 4 MG TABLET CHEW SINGULAIR 5 MG TABLET CHEW	Update to Formulary-NonPreferred and require PA, AL added	10/1/2020
SITAVIG 50 MG BUCCAL TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
SIVEXTRO 200 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
SKELAXIN 800 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
SKYRIZI 75 MG/0.83 ML SYRINGE SKYRIZI 150 MG DOSE KIT-2 SYRN	Update to Formulary-NonPreferred and require PA	10/1/2020
SOLIFENACIN 5 MG TABLET SOLIFENACIN 10 MG TABLET	Update to Formulary-Preferred	10/1/2020
SOLIQUA 100 UNIT-33 MCG/ML PEN	Update to Formulary-NonPreferred and require PA	10/1/2020
SORINE 80 MG TABLET SORINE 120 MG TABLET SORINE 160 MG TABLET SORINE 240 MG TABLET	Formulary-Preferred	10/1/2020
SOTALOL 80 MG TABLET SOTALOL 120 MG TABLET SOTALOL 160 MG TABLET SOTALOL 240 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
SOTALOL AF 80 MG TABLET SOTALOL AF 120 MG TABLET SOTALOL AF 160 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
SOTYLIZE 5 MG/ML ORAL SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
SPIRIVA 18 MCG CP-HANDIHALER	Formulary-Preferred, QL Added	10/1/2020
SPIRIVA RESPIMAT 1.25 MCG INH SPIRIVA RESPIMAT 2.5 MCG INH	Formulary-NonPreferred, AL removed, QL Removed	10/1/2020
SPORANOX 100 MG CAPSULE SPORANOX 10 MG/ML SOLUTION	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
SPRIX 15.75 MG NASAL SPRAY	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
STALEVO 50 TABLET STALEVO 75 TABLET STALEVO 100 TABLET STALEVO 125 TABLET STALEVO 150 TABLET STALEVO 200 TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
STARLIX 60 MG TABLET STARLIX 120 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
STEGLUJAN 5-100 MG TABLET STEGLUJAN 15-100 MG TABLET	Update to Formulary-NonPreferred, AL removed	10/1/2020
STELARA 45 MG/0.5 ML SYRINGE STELARA 90 MG/ML SYRINGE STELARA 130 MG/26 ML VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
STIOLTO RESPIMAT INHAL SPRAY	Formulary-Preferred	10/1/2020
STRIVERDI RESPIMAT INHAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
SULAR ER 8.5 MG TABLET SULAR ER 17 MG TABLET SULAR ER 34 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
SUMATRIPTAN 4 MG/0.5 ML CART SUMATRIPTAN 4 MG/0.5 ML INJECT	Formulary-Preferred, PA removed	10/1/2020
SUMATRIPTAN 6 MG/0.5 ML INJECT SUMATRIPTAN 6 MG/0.5 ML REFILL SUMATRIPTAN 6 MG/0.5 ML VIAL	Formulary-Preferred, PA removed	10/1/2020
SUMATRIPTAN 6 MG/0.5 ML SYRNG	Formulary-Preferred, QL Added	10/1/2020
SUMATRIPTAN SUCC 25 MG TABLET SUMATRIPTAN SUCC 50 MG TABLET SUMATRIPTAN SUCC 100 MG TABLET	Formulary - Preferred, QL less stringent	10/1/2020
SUMATRIPTAN-NAPROXEN 85-500 MG	Update to Formulary-NonPreferred and require PA	10/1/2020
SUPRAX 100 MG TABLET CHEWABLE SUPRAX 200 MG TABLET CHEWABLE	Formulary-Preferred	10/1/2020
SUPRAX 100 MG/5 ML SUSPENSION SUPRAX 200 MG/5 ML SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
SUPRAX 400 MG CAPSULE	Formulary-Preferred; Brand Preferred	10/1/2020
SUPRAX 500 MG/5 ML SUSPENSION	PA added, AL removed	10/1/2020
SYMBICORT 80-4.5 MCG INHALER SYMBICORT 160-4.5 MCG INHALER	Formulary-Preferred; Brand Preferred, QL Added	10/1/2020
SYMJEPI 0.3 MG/0.3 ML SYRINGE	Moves to NonPreferred, PA added, QL Removed Generics for Epi-Pen are preferred	10/1/2020
SYMLINPEN 120 PEN INJECTOR SYMLINPEN 60 PEN INJECTOR	Formulary-Preferred	10/1/2020
SYMPROIC 0.2 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
SYNALAR 0.01% SOLUTION SYNALAR 0.025% CREAM SYNALAR 0.025% CREAM KIT SYNALAR 0.025% OINTMENT SYNALAR 0.025% OINTMENT KIT SYNALAR TS 0.01% KIT	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
SYNJARDY 5-500 MG TABLET SYNJARDY 5-1,000 MG TABLET SYNJARDY 12.5-500 MG TABLET SYNJARDY 12.5-1,000 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
SYNJARDY XR 5-1,000 MG TABLET SYNJARDY XR 10-1,000 MG TABLET SYNJARDY XR 12.5-1,000 MG TAB SYNJARDY XR 25-1,000 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
TACROLIMUS 0.03% OINTMENT TACROLIMUS 0.1% OINTMENT	Moves to NonPreferred, AL added, PA added	10/1/2020
TADALAFIL 20 MG TABLET	Formulary-Preferred w/Clinical PA, QL Removed	10/1/2020
TALTZ 80 MG/ML AUTOINJ (2-PK) TALTZ 80 MG/ML AUTOINJECTOR TALTZ 80 MG/ML SYRINGE	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
TAMIFLU 30 MG CAPSULE TAMIFLU 45 MG CAPSULE TAMIFLU 75 MG CAPSULE	Formulary-Preferred, QL Added	10/1/2020
TAMIFLU 6 MG/ML SUSPENSION	Formulary-Preferred, QL Added	10/1/2020
TAMSULOSIN HCL 0.4 MG CAPSULE	Formulary-Preferred, QL removed	10/1/2020
TARKA ER 2-180 MG TABLET TARKA ER 2-240 MG TABLET TARKA ER 4-240 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TASMAR 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TAZTIA XT 120 MG CAPSULE TAZTIA XT 180 MG CAPSULE TAZTIA XT 240 MG CAPSULE TAZTIA XT 300 MG CAPSULE TAZTIA XT 360 MG CAPSULE	Formulary-Preferred	10/1/2020
TECFIDERA DR 120 MG CAPSULE TECFIDERA DR 240 MG CAPSULE TECFIDERA STARTER PACK	Formulary-Preferred, PA removed, QL removed	10/1/2020
TEKTURNA 150 MG TABLET TEKTURNA 300 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TEKTURNA HCT 150-12.5 MG TAB TEKTURNA HCT 150-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TEKTURNA HCT 300-12.5 MG TAB TEKTURNA HCT 300-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
TELMISARTAN 20 MG TABLET TELMISARTAN 40 MG TABLET TELMISARTAN 80 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TELMISARTAN-AMLODIPINE 40-5 MG TELMISARTAN-AMLODIPINE 40-10 TELMISARTAN-AMLODIPINE 80-5 MG TELMISARTAN-AMLODIPINE 80-10	Update to Formulary-NonPreferred and require PA	10/1/2020
TELMISARTAN-HCTZ 40-12.5 MG TB TELMISARTAN-HCTZ 80-12.5 MG TB TELMISARTAN-HCTZ 80-25 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
TEMOVATE 0.05% CREAM TEMOVATE 0.05% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
TENORETIC 50 TABLET TENORETIC 100 TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TENORMIN 25 MG TABLET TENORMIN 50 MG TABLET TENORMIN 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TERAZOSIN 1 MG CAPSULE TERAZOSIN 2 MG CAPSULE TERAZOSIN 5 MG CAPSULE TERAZOSIN 10 MG CAPSULE	Formulary-Preferred, QL removed	10/1/2020
TESTIM 1% (50MG) GEL	Update to Formulary-NonPreferred and require PA	10/1/2020
TESTOSTERONE 1.62% GEL PUMP* TESTOSTERONE 1.62%(1.25 G) PKT* TESTOSTERONE 1.62% (2.5 G) PKT*	Update to Formulary-Preferred and require PA	10/1/2020
TESTOSTERONE 10 MG GEL PUMP	Update to Formulary-NonPreferred and require PA	10/1/2020
TESTOSTERONE 12.5 MG/1.25 GRAM TESTOSTERONE 50 MG/5 GRAM GEL	Update to Formulary-NonPreferred and require PA	10/1/2020
TESTOSTERONE 25 MG/2.5 GM PKT* TESTOSTERONE 50 MG/5 GRAM PKT*	Formulary-Preferred, PA remains, QL Removed	10/1/2020
TESTOSTERONE 30 MG/1.5 ML PUMP	Moves to NonPreferred, PA added, QL Removed	10/1/2020
TEXACORT 2.5% SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
TIAZAC ER 120 MG CAPSULE TIAZAC ER 180 MG CAPSULE TIAZAC ER 240 MG CAPSULE TIAZAC ER 300 MG CAPSULE TIAZAC ER 360 MG CAPSULE TIAZAC ER 420 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
TIMOLOL 0.25% GEL-SOLUTION TIMOLOL 0.25% GFS GEL-SOLUTION TIMOLOL 0.5% GEL-SOLUTION TIMOLOL 0.5% GFS GEL-SOLUTION	Formulary-Preferred	10/1/2020
TIMOLOL 0.5% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
TIMOLOL MALEATE 5 MG TABLET TIMOLOL MALEATE 10 MG TABLET TIMOLOL MALEATE 20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TIMOPTIC 0.25% OCUDOSE DROP TIMOPTIC 0.5% OCUDOSE DROP	Update to Formulary-NonPreferred and require PA	10/1/2020
TINIDAZOLE 250 MG TABLET TINIDAZOLE 500 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
TIVORBEX 20 MG CAPSULE TIVORBEX 40 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
TIZANIDINE HCL 2 MG CAPSULE TIZANIDINE HCL 4 MG CAPSULE TIZANIDINE HCL 6 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
TIZANIDINE HCL 2 MG TABLET TIZANIDINE HCL 4 MG TABLET	Formulary-Preferred, AL removed	10/1/2020
TOBI 300 MG/5 ML SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
TOLCAPONE 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TOLMETIN SODIUM 200 MG TAB TOLMETIN SODIUM 400 MG CAP TOLMETIN SODIUM 600 MG TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
TOLNAFTATE 1% CREAM	Formulary-Preferred	10/1/2020
TOLSURA 65 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
TOLTERODINE TART ER 2 MG CAP TOLTERODINE TART ER 4 MG CAP	Moves to NonPreferred, PA added, QL Removed	10/1/2020
TOLTERODINE TARTRATE 1 MG TAB TOLTERODINE TARTRATE 2 MG TAB	Moves to NonPreferred, PA added, QL Removed	10/1/2020
TOPICORT 0.05% CREAM TOPICORT 0.05% GEL TOPICORT 0.05% OINTMENT TOPICORT 0.25% CREAM TOPICORT 0.25% OINTMENT TOPICORT 0.25% SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
TOPROL XL 25 MG TABLET TOPROL XL 50 MG TABLET TOPROL XL 100 MG TABLET TOPROL XL 200 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TOSYMRA 10 MG NASAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
TOUJEO MAX SOLOSTR 300 UNIT/ML TOUJEO SOLOSTAR 300 UNIT/ML	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
TOVIAZ ER 4 MG TABLET TOVIAZ ER 8 MG TABLET	Formulary-Preferred	10/1/2020
TRACLEER 32 MG TABLET FOR SUSP	Update to Formulary-NonPreferred, AL removed	10/1/2020
TRACLEER 62.5 MG TABLET TRACLEER 125 MG TABLET	Formulary-Preferred; Brand Preferred w/Clinical PA	10/1/2020
TRADJENTA 5 MG TABLET	Formulary-Preferred, PA removed, QL removed	10/1/2020
TRAMADOL ER 100 MG TABLET TRAMADOL ER 200 MG TABLET TRAMADOL ER 300 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TRAMADOL HCL 50 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
TRAMADOL HCL ER 100 MG CAPSULE TRAMADOL HCL ER 200 MG CAPSULE TRAMADOL HCL ER 300 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
TRAMADOL HCL ER 100 MG TABLET TRAMADOL HCL ER 200 MG TABLET TRAMADOL HCL ER 300 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TRAMADOL-ACETAMINOPHN 37.5-325	Update to Formulary-NonPreferred and require PA	10/1/2020
TRANDOLAPRIL 1 MG TABLET TRANDOLAPRIL 2 MG TABLET TRANDOLAPRIL 4 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
TRANDOLAPR-VERAPAM ER 1-240 MG TRANDOLAPR-VERAPAM ER 2-180 MG TRANDOLAPR-VERAPAM ER 2-240 MG TRANDOLAPR-VERAPAM ER 4-240 MG	Update to Formulary-NonPreferred and require PA	10/1/2020
TRAVATAN Z 0.004% EYE DROP	Formulary-Preferred; Brand Preferred	10/1/2020
TRAVOPROST 0.004% EYE DROP*	Update to Formulary-NonPreferred and require PA	10/1/2020
TRELEGY ELLIPTA 100-62.5-25	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
TREMFYA 100 MG/ML INJECTOR TREMFYA 100 MG/ML SYRINGE	Update to Formulary-NonPreferred and require PA	10/1/2020
TRESIBA 100 UNIT/ML VIAL TRESIBA FLEXTOUCH 100 UNIT/ML TRESIBA FLEXTOUCH 200 UNIT/ML	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
TREXIMET 85-500 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TRIAMCINOLONE 0.025% CREAM TRIAMCINOLONE 0.025% OINT TRIAMCINOLONE 0.1% CREAM TRIAMCINOLONE 0.1% LOTION TRIAMCINOLONE 0.1% OINTMENT TRIAMCINOLONE 0.5% CREAM	Formulary-Preferred, QL removed	10/1/2020
TRIAMCINOLONE 0.05% OINTMENT	Formulary-Preferred	10/1/2020
TRIAMCINOLONE 0.147 MG/G SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
TRIAMCINOLONE 55 MCG NASAL SPR	Moves to NonPreferred, PA added, QL Removed	10/1/2020
TRIANEX 0.05% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
TRIBENZOR 20-5-12.5 MG TABLET TRIBENZOR 40-5-12.5 MG TABLET TRIBENZOR 40-5-25 MG TABLET TRIBENZOR 40-10-12.5 MG TABLET TRIBENZOR 40-10-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TRICOR 48 MG TABLET TRICOR 145 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TRIDERM 0.1% CREAM	Formulary-Preferred	10/1/2020
TRIGLIDE 160 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TRILIPIX DR 45 MG CAPSULE TRILIPIX DR 135 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
TROSPIUM CHLORIDE 20 MG TABLET	Moves to NonPreferred, PA added, QL Removed	10/1/2020
TROSPIUM CHLORIDE ER 60 MG CAP	Moves to NonPreferred, PA added	10/1/2020
TRULANCE 3 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TRULICITY 0.75 MG/0.5 ML PEN TRULICITY 1.5 MG/0.5 ML PEN	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
TRUSOPT 2% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
TUDORZA PRESSAIR 400 MCG INHAL	Update to Formulary-NonPreferred and require PA	10/1/2020
TYLENOL WITH CODEINE #3 TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
TYVASO 1.74 MG/2.9 ML SOLUTION TYVASO INHALATION REFILL KIT TYVASO INHALATION STARTER KIT TYVASO INSTITUTIONAL START KIT	Formulary-Preferred w/Clinical PA	10/1/2020
UCERIS 9 MG ER TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
UDENYCA 6 MG/0.6 ML SYRINGE	Formulary-Preferred	10/1/2020
ULORIC 40 MG TABLET ULORIC 80 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ULTRACET TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ULTRAM 50 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ULTRAVATE 0.05% CREAM ULTRAVATE 0.05% LOTION ULTRAVATE 0.05% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
ULTRAVATE X CREAM COMBO PACK ULTRAVATE X OINTMENT COMBO PAC	Update to Formulary-NonPreferred and require PA	10/1/2020
UPTRAVI 200 MCG TABLET UPTRAVI 400 MCG TABLET UPTRAVI 600 MCG TABLET UPTRAVI 800 MCG TABLET UPTRAVI 1,000 MCG TABLET UPTRAVI 1,200 MCG TABLET UPTRAVI 1,400 MCG TABLET UPTRAVI 1,600 MCG TABLET UPTRAVI 200-800 TITRATION PACK	Formulary-Preferred w/Clinical PA	10/1/2020
URSO 250 MG TABLET URSO FORTE 500 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
URSODIOL 300 MG CAPSULE	Updated to Formulary-Preferred, QL Removed	10/1/2020
UTIBRON NEOHALER 27.5-15.6 MCG	Update to Formulary-NonPreferred and require PA	10/1/2020
VALACYCLOVIR HCL 500 MG TABLET VALACYCLOVIR HCL 1 GRAM TABLET	Formulary-Preferred, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
VALSARTAN 40 MG TABLET VALSARTAN 80 MG TABLET VALSARTAN 160 MG TABLET VALSARTAN 320 MG TABLET	Formulary-Preferred, QL removed	10/1/2020
VALSARTAN-HCTZ 80-12.5 MG TAB VALSARTAN-HCTZ 160-12.5 MG TAB VALSARTAN-HCTZ 160-25 MG TAB VALSARTAN-HCTZ 320-12.5 MG TAB VALSARTAN-HCTZ 320-25 MG TAB	Formulary-Preferred, QL removed	10/1/2020
VALTREX 500 MG CAPLET VALTREX 1 GM CAPLET	Update to Formulary-NonPreferred and require PA	10/1/2020
VANCOCIN HCL 250 MG CAPSULE VANCOCIN HCL 125 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
VANCOMYCIN 250 MG/5 ML SOLN	Update to Formulary-NonPreferred and require PA	10/1/2020
VANOS 0.1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
VARUBI 90 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
VASCEPA 0.5 GM CAPSULE VASCEPA 1 GM CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
VASERETIC 10-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
VASOTEC 2.5 MG TABLET VASOTEC 5 MG TABLET VASOTEC 10 MG TABLET VASOTEC 20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
VELPHORO 500 MG CHEWABLE TAB	Update to Formulary-NonPreferred and require PA	10/1/2020
VENTAVIS 10 MCG/1 ML SOLUTION VENTAVIS 20 MCG/1 ML SOLUTION	Formulary-Preferred w/Clinical PA	10/1/2020
VENTOLIN HFA 90 MCG INHALER	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
VERAPAMIL 360 MG CAP PELLET	Update to Formulary-NonPreferred and require PA	10/1/2020
VERAPAMIL ER 120 MG CAPSULE VERAPAMIL ER 180 MG CAPSULE VERAPAMIL ER 240 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
VERAPAMIL ER 120 MG TABLET VERAPAMIL ER 180 MG TABLET VERAPAMIL ER 240 MG TABLET	Formulary-Preferred, QL removed	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
VERAPAMIL ER PM 100 MG CAPSULE VERAPAMIL ER PM 200 MG CAPSULE VERAPAMIL ER PM 300 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
VERAPAMIL SR 120 MG CAPSULE VERAPAMIL SR 180 MG CAPSULE VERAPAMIL SR 240 MG CAPSULE	Moves to NonPreferred, PA added, QL Removed	10/1/2020
VERELAN 120 MG CAP PELLET VERELAN 180 MG CAP PELLET VERELAN 240 MG CAP PELLET VERELAN 360 MG CAP PELLET	Update to Formulary-NonPreferred and require PA	10/1/2020
VERELAN PM 100 MG CAP PELLET VERELAN PM 200 MG CAP PELLET VERELAN PM 300 MG CAP PELLET	Update to Formulary-NonPreferred and require PA	10/1/2020
VESICARE 5 MG TABLET VESICARE 10 MG TABLET	Formulary-NonPreferred; PA required	10/1/2020
VFEND 50 MG TABLET VFEND 200 MG TABLET VFEND 40 MG/ML SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
VIBERZI 75 MG TABLET VIBERZI 100 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
VICODIN HP 10-300 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
VICTOZA 2-PAK 18 MG/3 ML PEN VICTOZA 3-PAK 18 MG/3 ML PEN	Formulary-Preferred, PA removed, QL removed	10/1/2020
VIGAMOX 0.5% EYE DROPS	Formulary-Preferred; Brand Preferred	10/1/2020
VIMOVO DR 375-20 MG TABLET VIMOVO DR 500-20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
VIOKACE 20,880-78,300 UNITS TB VIOKACE 10,440-39,150 UNITS TB	Moves to NonPreferred, PA added, QL Removed	10/1/2020
VISTARIL 25 MG CAPSULE VISTARIL 50 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
VIVLODEX 5 MG CAPSULE VIVLODEX 10 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
VOGELXO 12.5 MG/1.25 GRAM PUMP VOGELXO 50 MG/5 GRAM GEL VOGELXO 50 MG/5 GRAM GEL PACKT	Update to Formulary-NonPreferred and require PA	10/1/2020
VOLTAREN 1% GEL	Update to Formulary-NonPreferred and require PA	10/1/2020
VORICONAZOLE 50 MG TABLET VORICONAZOLE 200 MG TABLET VORICONAZOLE 40 MG/ML SUSP	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
VUSION OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
VYTORIN 10-10 MG TABLET VYTORIN 10-20 MG TABLET VYTORIN 10-40 MG TABLET VYTORIN 10-80 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
VYZULTA 0.024% OPHTH SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
WELCHOL 3.75G PACKET WELCHOL 625 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
WIXELA 100-50 INHUB WIXELA 250-50 INHUB WIXELA 500-50 INHUB	Moves to NonPreferred, AL removed, PA added	10/1/2020
XADAGO 50 MG TABLET XADAGO 100 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
XALATAN 0.005% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
XARELTO 2.5 MG TABLET XARELTO 10 MG TABLET XARELTO 20 MG TABLET XARELTO 15 MG TABLET XARELTO STARTER PACK	Formulary-Preferred	10/1/2020
XELJANZ 5 MG TABLET XELJANZ 10 MG TABLET XELJANZ XR 11 MG TABLET XELJANZ XR 22 MG TABLET	Formulary-Non-Preferred, PA remains, QL Removed	10/1/2020
XELPROS 0.005% EYE DROP	Update to Formulary-NonPreferred and require PA	10/1/2020
XERESE 5%-1% CREAM	Update to Formulary-NonPreferred and require PA	10/1/2020
XHANCE 93 MCG NASAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
XIFAXAN 200 MG TABLET	Update to Formulary-NonPreferred and require PA, AL added, QL Added	10/1/2020
XIFAXAN 550 MG TABLET	Update to Formulary-NonPreferred and require PA, AL added	10/1/2020
XIGDUO XR 2.5 MG-1,000 MG TAB XIGDUO XR 5 MG-500 MG TABLET XIGDUO XR 5 MG-1,000 MG TABLET XIGDUO XR 10 MG-500 MG TABLET XIGDUO XR 10 MG-1,000 MG TAB	Formulary-Preferred	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
XOFLUZA 20 MG TAB (40 MG DOSE) XOFLUZA 40 MG TAB (80 MG DOSE)	Formulary-Preferred	10/1/2020
XOPENEX 0.31 MG/3 ML SOLUTION XOPENEX 0.63 MG/3 ML SOLUTION XOPENEX 1.25 MG/3 ML SOLUTION XOPENEX CONC 1.25 MG/0.5 ML	Update to Formulary-NonPreferred and require PA	10/1/2020
XOPENEX HFA 45 MCG INHALER	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
XTAMPZA ER 9 MG CAPSULE XTAMPZA ER 13.5 MG CAPSULE XTAMPZA ER 18 MG CAPSULE XTAMPZA ER 27 MG CAPSULE XTAMPZA ER 36 MG CAPSULE	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
XULTOPHY 100 UNIT-3.6MG/ML PEN	Update to Formulary-NonPreferred and require PA	10/1/2020
YOSPRALA DR 81-40 MG TABLET YOSPRALA DR 325-40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
YUPELRI 175 MCG/3 ML SOLUTION	Update to Formulary-NonPreferred and require PA	10/1/2020
ZADITOR 0.025% (0.035%) DROPS	Formulary-Preferred, QL removed	10/1/2020
ZAFIRLUKAST 10 MG TABLET ZAFIRLUKAST 20 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZANAFLEX 2 MG CAPSULE ZANAFLEX 4 MG CAPSULE ZANAFLEX 6 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
ZANAFLEX 4 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZEGERID 20 MG CAPSULE ZEGERID 40 MG CAPSULE ZEGERID 20 MG PACKET ZEGERID 40 MG PACKET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZELAPAR 1.25 MG ODT TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
ZENPEP DR 3,000 UNIT CAPSULE ZENPEP DR 5,000 UNIT CAPSULE ZENPEP DR 10,000 UNIT CAPSULE ZENPEP DR 15,000 UNIT CAPSULE ZENPEP DR 20,000 UNIT CAPSULE ZENPEP DR 25,000 UNIT CAPSULE ZENPEP DR 40,000 UNIT CAPSULE	Clinical PA added	10/1/2020
ZESTORETIC 10-12.5 MG TABLET ZESTORETIC 20-12.5 MG TABLET ZESTORETIC 20-25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZESTRIL 2.5 MG TABLET ZESTRIL 5 MG TABLET ZESTRIL 10 MG TABLET ZESTRIL 20 MG TABLET ZESTRIL 30 MG TABLET ZESTRIL 40 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZETIA 10 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZETONNA 37 MCG NASAL SPRAY	Update to Formulary-NonPreferred and require PA	10/1/2020
ZIAC 2.5-6.25 MG TABLET ZIAC 5-6.25 MG TABLET ZIAC 10-6.25 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZILEUTON ER 600 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZIOPTAN 0.0015% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020
ZIPSOR 25 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
ZITHROMAX 1 GM POWDER PACKET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
ZITHROMAX 100 MG/5 ML SUSP ZITHROMAX 200 MG/5 ML SUSP	Update to Formulary-NonPreferred and require PA, AL added	10/1/2020
ZITHROMAX 250 MG TABLET ZITHROMAX 500 MG TABLET ZITHROMAX 250 MG Z-PAK TABLET ZITHROMAX TRI-PAK 500 MG TAB	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
ZOCOR 10 MG TABLET ZOCOR 20 MG TABLET ZOCOR 40 MG TABLET ZOCOR 80 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
ZOFRAN 4 MG TABLET ZOFRAN 8 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
ZOHYDRO ER 10 MG CAPSULE ZOHYDRO ER 15 MG CAPSULE ZOHYDRO ER 20 MG CAPSULE ZOHYDRO ER 30 MG CAPSULE ZOHYDRO ER 40 MG CAPSULE ZOHYDRO ER 50 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
ZOLMITRIPTAN 2.5 MG ODT ZOLMITRIPTAN 5 MG ODT	Moves to NonPreferred, PA added	10/1/2020
ZOLMITRIPTAN 2.5 MG TABLET ZOLMITRIPTAN 5 MG TABLET	Moves to NonPreferred, PA added	10/1/2020
ZOMACTON 5 MG VIAL ZOMACTON 10 MG VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
ZOMIG 2.5 MG NASAL SPRAY ZOMIG 5 MG NASAL SPRAY	Formulary-Preferred	10/1/2020
ZOMIG 2.5 MG TABLET ZOMIG 5 MG TABLET ZOMIG ZMT 2.5 MG TABLET ZOMIG ZMT 5 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020
ZONTIVITY 2.08 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZORBTIVE 8.8 MG VIAL	Update to Formulary-NonPreferred and require PA	10/1/2020
ZORVOLEX 18 MG CAPSULE ZORVOLEX 35 MG CAPSULE	Update to Formulary-NonPreferred and require PA	10/1/2020
ZOVIRAX 200 MG/5 ML SUSP	Update to Formulary-NonPreferred and require PA	10/1/2020
ZOVIRAX 5% CREAM	Formulary-Preferred; Brand Preferred	10/1/2020
ZOVIRAX 5% OINTMENT	Update to Formulary-NonPreferred and require PA	10/1/2020
ZUPLENZ 8 MG SOLUBLE FILM ZUPLENZ 4 MG SOLUBLE FILM	Update to Formulary-NonPreferred and require PA	10/1/2020
ZYFLO 600 MG FILMTAB	Update to Formulary-NonPreferred and require PA	10/1/2020
ZYLOPRIM 100 MG TABLET ZYLOPRIM 300 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZYMAXID 0.5% EYE DROPS	Update to Formulary-NonPreferred and require PA	10/1/2020

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Medication Name	Preferred Drug List Update*	Effective Date
ZYPITAMAG 1 MG TABLET ZYPITAMAG 2 MG TABLET ZYPITAMAG 4 MG TABLET	Update to Formulary-NonPreferred and require PA	10/1/2020
ZYVOX 100 MG/5 ML SUSPENSION	Update to Formulary-NonPreferred and require PA	10/1/2020
ZYVOX 600 MG TABLET	Update to Formulary-NonPreferred; PA/QL Added	10/1/2020

CHANGES PRIOR TO OCTOBER 1, 2020

Medication Name	Preferred Drug List Update*	Limit*	Effective Date
EZETIMIBE 10 MG TABLET	PA removed, QL added	QL max 1 tablet/day	7/1/2020
GLUCAGON 1 MG EMERGENCY KIT	Updated QL	QL max 2 kits/month	7/1/2020
GVOKE 0.5 MG/0.1 ML SYRINGE GVOKE 1 MG/0.2 ML SYRINGE	Added to formulary with AL and QL	AL min. ≥ 2 years old QL max 2 doses/30 days	7/1/2020
MYNATAL ULTRACAPLET	Removed from formulary		7/1/2020
NEPHRO-VITE RX TABLET	Removed form formulary		7/1/2020
NIMODIPINE 30 MG CAPSULE	Added QL	QL max 21 tablets/365 days	7/1/2020
OXBRYTA 500 MG TABLET	Added to formulary with AL, PA, and QL	AL min. ≥ 12 years old QL max 90 tablets/30 days	7/1/2020
OXERVATE 0.002% EYE DROP	Added to formulary with AL, PA, and QL	AL min. ≥ 2 years old QL max 8 kits/per eye/lifetime	7/1/2020
PODIAPN CAPSULE	Removed from formulary		7/1/2020
PRASUGREL 5 MG TABLET PRASUGREL 10 MG TABLET	Added to formulary with QL	QL max 1 tablet/day	7/1/2020

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
PRENATAL 19 TABLET	Removed from formulary		7/1/2020
RESTASIS 0.05% EYE EMULSION RESTASIS MULTIDOSE 0.05% EYE	Added to formulary AL, PA, and QL	AL min. ≥ 16 years old QL max of 60 ampules or 1 bottle (5.5 mL)/30 days (multidose)	7/1/2020
STROVITE FORTE CAPLET STROVITE ONE CAPLET	Removed from formulary		7/1/2020
TAZVERIK 200 MG TABLET	Added to formulary with PA		7/1/2020
TRIFLURIDINE 1% EYE DROPS	Removed from formulary		7/1/2020
VERAPAMIL ER PM 100MG, 200MG, and 300 MG CAPSULES	Removed from formulary		7/1/2020
FAMOTIDINE 40 MG/5 ML SUSP	Added to formulary with AL and QL due to ranitidine recall Note: tablets are already on formulary	AL min. ≤ 6 years old QL max 5 mL/day	4/17/2020
RANITIDINE 75MG, 150 MG, and 300MG TABLETS RANITIDINE 15 MG/ML SYRUP	Removed from formulary due to recall of all ranitidine products. See April 1st FDA notice.		4/9/2020
AJOVY 225 MG/1.5 ML SYRINGE	Added to formulary with AL, PA, and QL	AL min. ≥18 years old QL max 3 mL/90 days	4/1/2020
AMMONIUM LACTATE 12% CREAM	Added QL Ammonium Lactate 12% cream OTC added to formulary	QL max 280 grams/30 days	4/1/2020
AMMONIUM LACTATE 12% LOTION	Added QL Ammonium Lactate 12% lotion OTC added to formulary	QL max 550 mL/30 days	4/1/2020

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
AMNESTEEM 10 MG CAPSULE AMNESTEEM 20 MG CAPSULE AMNESTEEM 40 MG CAPSULE	Added to formulary with PA and QL	QL max 2 capsules/day	4/1/2020
AUBAGIO 7 MG TABLET AUBAGIO 14 MG TABLET	Added to formulary with PA and QL	QL max 1 tablet/day	4/1/2020
BAQSIMI 3 MG SPRAY ONE PACK BAQSIMI 3 MG SPRAY TWO PACK	Added to formulary with AL and QL	AL min. ≥ 4 years old QL max 2/30 days	4/1/2020
BICALUTAMIDE 50 MG TABLET	Added QL	QL max 1 tablet/day	4/1/2020
CLINDAMYCIN PH 1% SOLUTION	Added QL	QL max 180 mL/30 days	4/1/2020
EMBEDA ER 20-0.8 MG CAPSULE EMBEDA ER 30-1.2 MG CAPSULE EMBEDA ER 50-2 MG CAPSULE EMBEDA ER 60-2.4 MG CAPSULE EMBEDA ER 80-3.2 MG CAPSULE EMBEDA ER 100-4 MG CAPSULE	Removed from formulary		4/1/2020
EMAGALITY 100 MG/ML SYRINGE	Added to formulary with AL, PA, and QL	AL min. ≥ 18 years old QL max 3 mL/30 days	4/1/2020
EMGALITY 120 MG/ML PEN	Added to formulary with AL, PA, and QL	AL min. ≥ 18 years old QL max 1/30 days	4/1/2020
ENTACAPONE 200 MG TABLET	Added to formulary with QL	QL max 4 tablets/day	4/1/2020
MYORISAN 10 MG CAPSULE MYORISAN 20 MG CAPSULE MYORISAN 30 MG CAPSULE MYORISAN 40 MG CAPSULE	Added to formulary with PA and QL	QL max 2 capsules/day	4/1/2020
OLUMIANT 1 MG TABLET	Added formulary with PA and QL *Only covered for patients with renal impairment*	QL max 1 tablet/day	4/1/2020
POMALYST 1 MG CAPSULE POMALYST 2 MG CAPSULE	Added QL	QL max 1 capsule/day	4/1/2020

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
POMALYST 3 MG CAPSULE POMALYST 4 MG CAPSULE			
REVLIMID 2.5 MG CAPSULE REVLIMID 20 MG CAPSULE	Added QL	QL max 1 capsule/day	4/1/2020
SPINOSAD 0.9% TOPICAL SUSP	Added to formulary with QL and ST	QL max 240 mL/180 days Trial of Permethrin lotion	4/1/2020
VIRT-VITE PLUS TABLET	Removed from formulary, discontinued		4/1/2020
YONSA 125 MG TABLET	Removed from formulary *Preferred Abiraterone 250 mg*		4/1/2020
ZENATANE 10 MG CAPSULE ZENATANE 20 MG CAPSULE ZENATANE 30 MG CAPSULE ZENATANE 40 MG CAPSULE	Added to formulary with PA and QL	QL max 2 capsules/day	4/1/2020
ZYTIGA 500 MG TABLET	Removed from formulary *Preferred Abiraterone 250 mg*		4/1/2020
INSULIN LISPRO 100 UNIT/ML VL	Added to formulary with QL	QL max 60 mL/month	3/22/2020
PRIFTIN 150 MG TABLET	Added to formulary with QL	QL max 24 tablets/28 days	2/4/2020
MOTEGRITY 1 MG TABLET MOTEGRITY 2 MG TABLET	Added to formulary with AL, PA, QL	AL min. ≥ 18 years old QL max 1 tablet/day	1/1/2020
PAREGORIC LIQUID	Removed from formulary		1/1/2020
TROSPIUM CHLORIDE 20 MG TABLET TROSPIUM CHLORIDE ER 60 MG CAPSULE	***Grandfathering for utilizers with at least one 30 day supply in the last 90 days*** New starts only ST and QL	Trial of Oxybutynin QL max 2 tablets/day	1/1/2020
VYNDAMAX 61 MG CAPSULE	Added to formulary with AL, QL, and PA	Al min. ≥ 18 years old	1/1/2020

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
		QL 1 capsule/day	
VYNDAQEL 20 MG CAPSULE	Added to formulary with AL, QL, and PA	AL min. ≥ 18 years old QL max 4 capsules/day	1/1/2020
DANTROLENE 25 MG CAPSULE DANTROLENE 50 MG CAPSULE DANTROLENE 100 MG CAPSULE	Added to formulary with QL	QL max 4 tablets/day	12/1/2019
LUCEMYRA 0.18 MG TABLET	Added to formulary with AL, PA, and QL	AL min. ≥ 18 QL max 16 tablets/day no more than 14 days	12/1/2019
MESALAMINE DR 1.2 GM TABLET	Added to formulary with QL and ST	QL 4 tablets/day Trial of Balsalazide, Sulfasalazine, or Sulfasalazine DR within past 180 days	12/1/2019
NUBEQA 300 MG TABLET	Added to formulary with PA		12/1/2019
PANTOPRAZOLE DR 20 MG TABLET PANTOPRAZOLE DR 40 MG TABLET	Limited to preferred NDCs		12/1/2019
STEGLUJAN 5-100 MG TABLET STEGLUJAN 15-100 MG TABLET	Added to formulary with AL and PA	AL min. ≥ 18 years old	12/1/2019
TRULICITY 0.75 MG/0.5 ML PEN TRULICITY 1.5 MG/0.5 ML PEN	Added to formulary with PA and QL	QL 2 mL/28 days	12/1/2019
XPOVIO 60 MG ONCE WEEKLY DOSE XPOVIO 80 MG ONCE WEEKLY DOSE XPOVIO 80 MG TWICE WEEKLY DOSE XPOVIO 100 MG ONCE WEEKLY DOSE	Added to formulary with PA		12/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
DULERA 100 MCG/5 MCG INHALER DULERA 200 MCG/5 MCG INHALER	Added to formulary with AL and QL	AL min. ≤ 17 years old QL 1 inhaler/30 days	11/1/2019
ORILISSA 150 MG TABLET ORILISSA 200 MG TABLET	Added to formulary with PA		11/1/2019
SYMBICORT 80-4.5 MCG INHALER SYMBICORT 160-4.5 MCG INHALER	Added to formulary with AL and QL	AL min. ≤ 17 years old QL 1 inhaler/30 days	11/1/2019
ADEFOVIR DIPIVOXIL 10 MG TABLET	Added QL	5 tablets/day	10/1/2019
CIMZIA 200 MG/ML STARTER KIT	Starter Kit QL updated	1 kit per year	10/1/2019
CIPROFLOXACIN HCL 100 MG TABLET	Removed from formulary		10/1/2019
CLOTRIMAZOLE-BETAMETHASONE LOT	Added QL	60 mL/30 days	10/1/2019
ENTECAVIR 0.5 MG TABLET	Added QL	1 tablet/day	10/1/2019
ENTECAVIR 1 MG TABLET	Added QL	2 tablets/day	10/1/2019
FEBUXOSTAT 40 MG TABLET FEBUXOSTAT 80 MG TABLET	Must use preferred generic for Uloric		10/1/2019
HUMIRA PEN CROHN-UC-HS 40 MG HUMIRA PEN PS-UV-ADOL HS 40 MG HUMIRA(CF) PEDI CROHN 80-40 MG HUMIRA(CF) PEDI CROHN 80MG/0.8 ML HUMIRA(CF) PEN CRHN-UC-HS 80 MG HUMIRA(CF) PEN PS-UV-AHS 80-40	Starter pack QL updated	1 kit per year	10/1/2019
KRINTAFEL 150 MG TABLET	Added to formulary with PA, AL, and QL	AL min. ≥ 16 years old QL max 2 tablets/365 days	10/1/2019
LAMIVUDINE 100 MG TABLET	Added QL	3 tablets/day	10/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
LAMIVUDINE HBV 100 MG TABLET	Added QL	4 tablets/day	10/1/2019
NYSTATIN-TRIAMCINOLONE CREAM NYSTATIN-TRIAMCINOLONE OINTMENT	Added QL	60 Gm/30 days	10/1/2019
PEDIATRIC ENEMA	Added to formulary		10/1/2019
SPIRIVA RESPIMAT 1.25 MCG INH	Added to formulary with PA, AL, and QL	AL min. ≥ 6 years old 1 inhaler/30 days	10/1/2019
SYMBICORT 160-4.5 MCG INHALER	Previous Grandfathering expired on 7/31/2019		N/A
SYMJEPI 0.3 MG/0.3 ML SYRINGE	Added to formulary with QL	1 unit/90 days	10/1/2019
TRETINOIN 0.025% CREAM	Added to formulary with AL, QL, and ST	AL Min. ≥ 18 years old QL max 20 gams/30 days Trial and failure of Differin 0.1% OTC (two claims in previous 90 days)	10/1/2019
ACTEMRA 162 MG/0.9 ML SYRINGE ACTEMRA ACTPEN 162 MG/0.9 ML	Added to formulary with PA		7/1/2019
AIMOVIG 70 MG/ML AUTOINJECTOR AIMOVIG 140 MG DOSE-2 AUTOINJ AIMOVIG 140 MG/ML AUTOINJECTOR	PA updated with AL	AL Min. ≥ 18 years old	7/1/2019
CAPSAICIN 0.025% CREAM	Product limited to single NDC Must use 00536252525		7/1/2019
CAPTOPRIL 12.5 MG TABLET CAPTOPRIL 25 MG TABLET CAPTOPRIL 50 MG TABLET	Removed from formulary		7/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
CAPTOPRIL 100 MG TABLET	Indefinite grandfathering for current utilizers with 180 day lookback		
CIMZIA 200 MG VIAL KIT CIMZIA 200 MG/ML STARTER KIT CIMZIA 200 MG/ML SYRINGE KIT	Added to formulary with PA		7/1/2019
ENTRESTO 24 MG – 26 MG TABLET ENTRESTO 49 MG – 51 MG TABLET ENTRESTO 97 MG – 103 MG TABLET	Removed PA Added AL, QL	AL Min. ≥ 18 years old Max 2 tabs/day	7/1/2019
DULERA 100 MCG/5 MCG INHALER DULERA 200 MCG/5 MCG INHALER ***Update***	**Non-Formulary Grandfathering for current utilizers (all ages) extended through 7/31/2019.** Preferred alternatives for "New Starts" are AirDuo – Generic **and** Advair Diskus - Generics	QL 1inhaler/month	7/1/2019
FLUTICASONE-SALMETEROL 100-50 WIXELA 100-50 INHUB (Generics for Advair Diskus)	Will pay at POS with AL and QL	AL Min. ≥ 4 years old 1 inhaler per 30 days	7/1/2019
FLUTICASONE-SALMETEROL 250-50 WIXELA 250-50 INHUB FLUTICASONE-SALMETEROL 500-50 WIXELA 500-50 INHUB (Generics for Advair Diskus)	Will pay at POS with AL and QL	AL Min. ≥ 12 years old 1 inhaler per 30 days	7/1/2019
LIDOCAINE 3% CREAM	Not on MPPL Must use Aspercreme 4% OTC	85 grams/30 days	7/1/2019
LIDOCAINE 4% CREAM	Must use Aspercreme 4% OTC Cream	153 grams/30 days	7/1/2019
NIVESTYM 300 MCG/0.5 ML SYRINGE NIVESTYM 480 MCG/0.8 ML SYRINGE	Added to formulary with PA		7/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
ORENCIA 50 MG/0.4 ML SYRINGE ORENCIA 87.5 MG/0.7 ML SYRINGE ORENCIA 125 MG/ML SYRINGE ORENCIA CLICKJET 125 MG/ML	Added to formulary with PA		7/1/2019
POLYETHYLENE GLYCOL 3350 POWD	Multi-dose bottles preferred 238 or 510 gram bottle		7/1/2019
SILIQ 210 MG/1.5 ML SYRINGE	Added to formulary with PA		7/1/2019
SYMBICORT 160-4.5 MCG INHALER ***Update***	**Grandfathering for current utilizers (all ages) extended through 7/31/2019.** Preferred alternatives for "New Starts" are AirDuo – Generic **and** Advair Diskus - Generic	AL Min. ≥12 years old QL 1inhaler/month	7/1/2019
TEKTURNA HCT 150-12.5 MG TABLET TEKTURNA HCT 150-25 MG TABLET TEKTURNA HCT 300-12.5 MG TABLET TEKTURNA HCT 300-25 MG TABLET	Removed from formulary		7/1/2019
VIRT-VITE PLUS TABLET	Only NDC 76439021090 will pay at POS		7/1/2019
XELJANZ 5 MG TABLET XELJANZ 10 MG TABLET	Added to formulary with PA and QL	2 tablets/day	7/1/2019
XELJANZ XR 11 MG TABLET	Added to formulary with PA and QL	1 tablet/day	7/1/2019
AIMOVIG 70 MG/ML AUTOINJECTOR	Added to formulary with AL, PA, and QL	AL Min. ≥ 18 years old 1 dose/month	4/1/2019
AIMOVIG 140 MG DOSE-2 AUTOINJ	Added to formulary with AL, PA, and QL Initial trial of 70mg/month dose for 2 months	AL Min. ≥ 18 years old 1 dose/month	4/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
ALBUTEROL SUL HFA 90 MCG INH	Added to formulary with QL Generic for Proair and Ventolin	1 inhaler/30 days	4/1/2019
AMANTADINE 100 MG TABLET	Removed from formulary Amantadine capsules are preferred		4/1/2019
ANORO ELLIPTA 62.5-25 MCH INH	Removed from formulary for new starts only. Grandfathering allowed for previous utilizers until discontinuation.		4/1/2019
ARNUITY ELLIPTA 50 MCG INH ARNUITY ELLIPTA 100 MCG INH ARNUITY ELLIPTA 200 MCG INH	Removed from formulary for new starts only. Grandfathering allowed for previous utilizers until discontinuation.		4/1/2019
ASMANEX HFA 100 MCG INHALER ASMANEX HFA 200 MCG INHALER	Removed from formulary for new starts only. Grandfathering allowed for previous utilizers until discontinuation.		4/1/2019
ASMANEX TWISTHALR 110 MCG #7 ASMANEX TWISTHALR 110 MCG #30 ASMANEX TWISTHALR 220 MCG #14 ASMANEX TWISTHALR 220 MCG #30 ASMANEX TWISTHALR 220 MCG #60 ASMANEX TWISTHALR 220 MCG #120	Removed from formulary for new starts only. Grandfathering allowed for previous utilizers until discontinuation.		4/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
BEVESPI AEROSPHERE INHALER	Added to formulary with ST	T/F Serevent or Incruse Ellipta	4/1/2019
BROMOCRIPTINE 5 MG CAPSULE	Added QL	3 capsules/day	4/1/2019
CARBIDOPA-LEVO 25-100 ODT	Removed QL		4/1/2019
DALFAMPRIDINE ER 10 MG TABLET	Added QL	2 tablets/day	4/1/2019
DAURISMO 25 MG TABLET DAURISMO 100 MG TABLET	Added to formulary with PA		4/1/2019
DULERA 100 MCG/5 MCG INHALER DULERA 200 MCG/5 MCG INHALER ***Update***	Removed from formulary during July 2018 Common Formulary Workgroup Meeting, effective 10/1/2018. Generic AirDuo is preferred **Grandfathering for current utilizers (all ages) extended through 4/30/2019.**		1/18/2018
FENOPROFEN 600 MG TABLET	Removed from formulary Formulary NSAIDs preferred		4/1/2019
FLOVENT 50 MCG DISKUS FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS	Removed from formulary for new starts only. Grandfathering allowed for previous utilizers until discontinuation.		4/1/2019
FULPHILA 6 MG/0.6 ML SYRINGE	Added to formulary with PA		4/1/2019
GLEOSTINE 10 MG CAPSULE GLEOSTINE 40 MG CAPSULE GLEOSTINE 100 MG CAPSULE	Brand available with PA, generic is no longer available		4/1/2019
GRANIX 300 MCG/ML VIAL GRANIX 480 MCG/1.6 ML VIAL	Added to formulary with PA		4/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
HUMALOG 100 UNITS/ML VIAL	Added to formulary with PA for insulin pump use Added QL	3 vials (30 ML) per 30 days	4/1/2019
HYDROXYZINE PAM 100 MG CAPSULE	Removed from formulary Must use Hydroxyzine Pamoate 50 mg capsules X2		4/1/2019
IMIQUIMOD 5% CREAM PACKET	Removed PA		4/1/2019
OLUMIANT 2 MG TABLET	Added to formulary with PA and QL	1 tablet/day	4/1/2019
PRO COMFORT SPACER-ADULT MASK PRO COMFORT SPACER-CHILD MASK	Added to formulary with QL	4 units/365 days	4/1/2019
RANITIDINE 150 MG CAPSULE RANITIDINE 300 MG CAPSULE	Removed from formulary Ranitidine tablets are preferred		4/1/2019
RETACRIT 2,000 UNIT/ML VIAL RETACRIT 3,000 UNIT/ML VIAL RETACRIT 4,000 UNIT/ML VIAL RETACRIT 10,000 UNITL/ML VIAL RETACRIT 40,000 UNIT/ML VIAL	Added to formulary with PA		4/1/2019
RIVASTIGMINE 1.5 MG CAPSULE RIVASTIGMINE 3 MG CAPSULE RIVASTIGMINE 4 MG CAPSULE RIVASTIGMINE 6 MG CAPSULE	Added QL	2 capsules/day	4/1/2019
SYMBICORT 160-4.5 MCG INHALER SYMBICORT 80-4.5 MCG INHALER ***Update***	Formulary with AL Generic AirDuo is preferred for members ≥ 13 years old. **Grandfathering for current utilizers (all ages) extended through 4/30/2019.**	AL = ≤ 12 years old	1/18/2019
VENCLEXTA 10 MG TABLET VENCLEXTA 50 MG TABLET VENCLEXTA 100 MG TABLET	Added to formulary with PA		4/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
VENCLEXTA STARTING PACK			
VENTOLIN HFA 90 MCG INH	Removed from formulary Generic Albuterol SUL HFA 90 MCG preferred		4/1/2019
XYREM 500 MG/ML ORAL SOLUTION	Added to formulary with PA and QL	540 ML/30 days	4/1/2019
CHOLINE CITRATE 650 MG TABLET	Added to formulary		3/1/2019
CHOLINE SR 300 MG TABLET	Added to formulary		3/1/2019
SODIUM CHLORIDE 3% VIAL	Added to formulary		3/1/2019
TESTOSTERONE 12.5 MG/1.25 GRAM GEL	Removed from formulary		3/1/2019
TESTOSTERONE 25 MG/2.5 GM PKT TESTOSTERONE 50 MG/5 GRAM PKT	Added to formulary with PA and QL	60 packets/30 days	3/1/2019
TESTOSTERONE 30 MG/1.5 ML PUMP	Added to formulary with PA and QL	180 mL/30 days	3/1/2019
TESTOSTERON ENAN 1,000 MG/5 ML TESTOSTERONE ENAN 200 MG/ML	Removed from formulary		3/1/2019
AFINITOR 10 MG TABLET AFINITOR 7.5 MG TABLET	Added to formulary with PA and QL	1 tablet/day	1/1/2019
ALOGLIPTIN 6.25 MG TABLET ALOGLIPTIN 12.5 MG TABLET ALOGLIPTIN 25 MG TABLET ALOGLIPTIN-METFORMIN 12.5-500 ALOGLIPTIN-METFORMIN 12.5-1000	Removed PA added ST	T/F Metformin or Metformin ER at min. dose of at least 1500mg/day for at least 90 days	1/1/2019
ALOGLIPTIN-PIOGLIT 12.5-15 MG ALOGLIPTIN-PIOGLIT 12.5-30 MG ALOGLIPTIN-PIOGLIT 12.5-45 MG ALOGLIPTIN-PIOGLIT 25-15 MG TB ALOGLIPTIN-PIOGLIT 25-30 MG TB ALOGLIPTIN-PIOGLIT 25-45 MG TB	Removed PA added ST	T/F Metformin or Metformin ER at min. dose of at least 1500mg/day for at least 90 days	1/1/2019
AMITIZA 8 MCG CAPSULE	Added AL and QL	AL ≥ 18	1/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
AMITIZA 24 MCG CAPSULES		2 capsules/day	
BLISOVI 24 FE TABLET	Added to formulary	Max 3 month supply/claim	1/1/2019
BLISOVI FE 1-20 TABLET BLISOVI FE 1.5-30 TABLET	Added to formulary	Max 3 month supply/claim	1/1/2019
CHLORZOXAZONE 500 MG TABLET	Added AL	≥ 18 to ≤ 64	1/1/2019
CYCLOBENZAPRINE 5 MG TABLET CYCLOBENZAPRINE 10 MG TABLET	Added AL	≥ 15 to ≤ 64	1/1/2019
DIPHENOXYLAT-ATROP 2.5-0.025/5	Removed from formulary		1/1/2019
ELIQUIS 2.5 MG TABLET ELIQUIS 5 MG TABLET	Added AL	AL Min. ≥ 18	1/1/2019
ELIQUIS 5 MG STARTER PACK	Added AL and QL	AL Min. ≥ 18 1 Starter Pack per 90 days	1/1/2019
ERLEADA 60 MG TABLET	Added to formulary with PA and QL	4 tablets/day	1/1/2019
ESTRADIOL 0.5 MG TABLET ESTRADIOL 1 MG TABLET ESTRADIOL 2 MG TABLET	Removed AL		1/1/2019
ESTROPIPATE 0.625(0.75 MG) TAB ESTROPIPATE 1.25(1.5 MG) TAB ESTROPIPATE 2.5(3 MG) TAB	Removed AL		1/1/2019
JULEBER 28 DAY TABLET	Added to formulary	Max 3 month supply/claim	1/1/2019
LARISSIA-28 TABLET	Added to formulary	Max 3 month supply/claim	1/1/2019
METHOCARBAMOL 500 MG TABLET METHOCARBAMOL 750 MG TABLET	Added AL	AL ≥ 16 to ≤ 64	1/1/2019
ORPHENADRINE ER 10 MG TABLET	Added AL	AL ≥ 18 to ≤ 64	1/1/2019
OZEMPIC 0.25-0.5 MG DOSE PEN	Added to formulary with QL	1.5mL/28 days (1 pen per 28 days	1/1/2019
OZEMPIC 1 MG DOSE PEN	Added to formulary with QL	3mL /28 days (2 pens per 28 days)	1/1/2019

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
PERTZYE DR 16,000 UNIT CAPSULE PERTZYE DR 24,000 UNIT CAPSULE	Added to formulary with QL	480 caps/month	1/1/2019
PERTZYE DR 8,000 UNIT CAPSULE	Added to formulary with QL	720 caps/month	1/1/2019
PREMARIN 0.3 MG TABLET PREMARIN 0.45 MG TABLET PREMARIN 0.625 MG TABLET PREMARIN 0.9 MG TABLET PREMARIN 1.25 MG TABLET	Removed AL added QL	1 tablet/day	1/1/2019
REESE PINWORM 144 MG/ML SUSP	Brand Added to formulary		1/1/2019
TIBSOVO 250 MG TABLET	Added to formulary with PA and QL	2 tablets/day	1/1/2019
TIZANIDINE HCL 2 MG TABLET TIZANIDINE HCL 4 MG TABLET	Added AL	AL ≥ 18	1/1/2019
TRI-LO-MARZIA TABLET	Added to formulary	Max 3 month supply/claim	1/1/2019
TRINESSA LO TABLET	Added to formulary	Max 3 month supply/claim	1/1/2019
VIENVA-28 TABLET	Added to formulary	Max 3 month supply/claim	1/1/2019
VIOKACE 10,440-39,150 UNITS TB VIOKACE 20,880-78,300 UNITS TB	Added to formulary with QL	480 tabs/month	1/1/2019
XARELTO 10 MG TABLET XARELTO 15 MG TABLET XARELTO 20 MG TABLET	Added AL	AL ≥ 18	1/1/2019
XARELTO STARTER PACK	Added AL	≥18	1/1/2019
ZYTIGA 500 MG TABLET	Added PA and QL	2 tablets/day	1/1/2019
AEROSPAN 80 MCG INHALER	Product is discontinued		10/1/2018
APIDRA 100 UNITS/ML VIAL APIDRA SOLOSTAR 100 UNITS/ML	Removed from formulary Admelog vials are preferred Admelog Solostar = AL <21 Ages ≥ 21 require PA		10/1/2018
BRAFTOVI 50 MG CAPSULE BRAFTOVI 75 MG CAPSULE	Added to formulary with PA		10/1/2018
DULERA 100 MCG/5 MCG INHALER DULERA 200 MCG/5 MCG INHALER	Removed from formulary Generic AirDuo is preferred		10/1/2018

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
EPINEPHRINE 0.15 MG AUTO-INJCT EPINEPHRINE 0.3 MG AUTO-INJECT	QL updated	2 pens/90 days	10/1/2018
FLONASE ALLERGY RLF 50 MCG SPR FLUTICASONE PROP 50 MCG SPRAY	QL added	1 unit/month	10/1/2018
FORADIL AEROLIZER 12 MCG CAP	Product is discontinued		10/1/2018
HUMALOG 100 UNITS/ML CARTRIDGE HUMALOG 100 UNITS/ML KWIKPEN HUMALOG 100 UNITS/ML VIAL HUMALOG JR 100 UNIT/ML KWIKPEN	Removed from formulary Admelog vials are preferred Admelog Solostar = AL <21 Ages ≥ 21 require PA		10/1/2018
ISOTRETINOIN 10 MG CAPSULE ISOTRETINOIN 20 MG CAPSULE ISOTRETINOIN 30 MG CAPSULE ISOTRETINOIN 40 MG CAPSULE	Added to formulary with PA	2 capsules/day	10/1/2018
MONTELUKAST SOD 10 MG TABLET MONTELUKAST SOD 4 MG TAB CHEW MONTELUKAST SOD 5 MG TAB CHEW	Removed AL	1 tablet/day	10/1/2018
NOVOLOG 100 UNIT/ML CARTRIDGE NOVOLOG 100 UNIT/ML VIAL NOVOLOG 100 UNITS/ML FLEXPEN	Removed from formulary Admelog vials are preferred Admelog Solostar = AL <21 Ages ≥ 21 require PA		10/1/2018
NP THYROID 120 MG TABLET NP THYROID 15 MG TABLET	Added to formulary		10/1/2018
QVAR 40 MCG ORAL INHALER QVAR 80 MCG ORAL INHALER	Product is discontinued Must use new QVAR Respiclick inhaler		10/1/2018
SYMBICORT 160-4.5 MCG INHALER SYMBICORT 80-4.5 MCG INHALER	Removed from formulary PA available for 5-11 yr olds		10/1/2018

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
	Generic AirDuo is preferred		
YONSA 125 MG TABLET	Added to formulary with PA		10/1/2018
Prescription Opioid Cough and Cold Medicines (if included on the formulary or under medical necessity)	Implementing consistent QL	120 mL/month	9/1/2018
DIFICID 200mg TABLET	Added to formulary with PA		9/1/2018
ZENPEP DR 3,000 UNIT CAPSULE ZENPEP DR 5,000 UNIT CAPSULE ZENPEP DR 10,000 UNIT CAPSULE	Added to formulary with QL	720 capsules/30 days	9/1/2018
ZENPEP DR 15,000 UNIT CAPSULE ZENPEP DR 25,000 UNIT CAPSULE	Added to formulary with QL	480 capsules/30 days	9/1/2018
HUMIRA PEDIATR CROHN'S 80-40MG HUMIRA 40 MG/0.4 ML SYRINGE HUMIRA 40 MG/0.4 ML PEN HUMIRA 20 MG/0.2 ML SYRINGE HUMIRA 10 MG/0.1 ML SYRINGE HUMIRA PED CROHNS 80 MG/0.8 ML	Added to formulary with PA		8/15/2018
ARMONAIR RESPICLICK 113 MCG ARMONAIR RESPICLICK 232 MCG ARMONAIR RESPICLICK 55 MCG	Added to formulary with QL	1 unit/30 days	7/1/2018
BENZNIDAZOLE 100 MG TABLET BENZNIDAZOLE 12.5 MG TABLET	Added to formulary with PA		7/1/2018
DIPYRIDAMOLE 50 MG TABLET	QL Added	4 tablets/day	7/1/2018
ELITE-OB CAPLET	Removed from formulary		7/1/2018
ENDARI 5 GRAM POWDER PACKET	Added to formulary with PA		7/1/2018
FIRVANQ 25 MG/ML SOLUTION FIRVANQ 50 MG/ML SOLUTION	Added to formulary		7/1/2018
FLOVENT HFA 110 MCG INHALER FLOVENT HFA 44 MCG INHALER	AL and QL added. Current utilizers ≥13 years old referred to Armonair Respiclick.	1 inhaler/30 days Covered for ages 0-12	7/1/2018
FLOVENT HFA 220 MCG INHALER	AL and QL added. Current utilizers ≥13	2 inhalers/30 days	7/1/2018

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
	years old referred to Armonair Respiclick.	Covered for ages 0-12	
HUMIRA PEN PSORIASIS-UVEITIS	QL Added	4 pens/28 days	7/1/2018
IDHIFA 100 MG TABLET IDHIFA 50 MG TABLET	Added to formulary with PA		7/1/2018
MULTIVIT & FLUOR 0.5 MG/ML DRP MULTI-VIT W-FLUOR 0.25 MG/ML MULTIVIT-FLUOR 0.25 MG/ML DROP MULTIVIT-FLUOR 0.5 MG/ML DROP MULTIVIT-FLUOR-IRON 0.25 MG/ML	Added to formulary with AL and QL	2 mL/day Covered for ages 0-12	7/1/2018
MULTIVITAMINS CHEWABLES TABLET MULTIVIT-FLUOR 0.25 MG TAB CHW MULTIVIT-FLUORIDE 1 MG TAB CHW	Added to formulary with AL and QL	1 tablet/day Covered for ages 0-12	7/1/2018
MVC-FLUORIDE 0.5 MG TAB CHEW MVC-FLUORIDE 0.25 MG TAB CHEW MVC-FLUORIDE 1 MG TAB CHEW	Added to formulary with AL and QL	1 tablet/day Covered for ages 0-12	7/1/2018
NEOMYCIN-POLY-HC EYE DROPS	Removed from formulary		7/1/2018
NICOTINE TRANSDERMAL SYSTEM	QL added	56 patches/56 days	7/1/2018
NITROGLYCERIN LINGUAL 0.4 MG	ST added for NSO	Nitroglycerin SL Tablets	7/1/2018
OTEZLA 28 DAY STARTER PACK OTEZLA STARTER PACK	QL added	1 starter pack/365 days	7/1/2018
PINDOLOL 10 MG TABLET PINDOLOL 5 MG TABLET	Removed from formulary for NSO		7/1/2018
PRENATE AM TABLET	Removed from formulary for NSO		7/1/2018
PSEUDOEPHED 30 MG/5 ML SOLN	Added AL and QL	4mL/day; 120 mL/30 days Covered for ages 4-11	7/1/2018
PSEUDOEPHEDRINE 30 MG TABLET	Added AL and QL	1.6 tablets per day; 48	7/1/2018

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
		tablets/30 days Covered for ages 12-65	
PSEUDOEPHEDRINE 60 MG TABLET	Added AL and QL	1 tablet per day; 30 tablets/30 days Covered for ages 12-65	7/1/2018
QBRELIS 1MG/ML SOLUTION	Added to formulary with AL	Covered for ages 0-12	7/1/2018
TIMOLOL MALEATE 10 MG TABLET TIMOLOL MALEATE 20 MG TABLET TIMOLOL MALEATE 5 MG TABLET	Removed from formulary for NSO		7/1/2018
TRI-VIT-FLUOR 0.25 MG/ML DROP	Added AL and QL	2mL/day Covered for ages 0-12	7/1/2018
TRI-VIT-FLUOR 0.5 MG/ML DROP TRI-VIT-FLUOR-IRON 0.25 MG/ML	Added to formulary with AL and QL	2mL/day Covered for ages 0-12	7/1/2018
XATMEP 2.5MG/ML ORAL SOLUTION	Added to the formulary with PA		7/1/2018
Admelog Solostar	Added to formulary with AL and QL	30 mL/30 days (2 boxes of 5 pens) ≤ 21 years old covered without PA	5/1/2018
Admelog Vial	Added to formulary with QL	60 mL/30 days (6 vials)	5/1/2018
Prescription Opioid Cough and Cold Medicines (if included on the formulary)	Adopted FDA guidance on age limits. Updated minimum age to 18 years old.		5/1/2018
Steglatro	Added to formulary with PA		5/1/2018
Segluromet	Added to formulary with PA		5/1/2018
AMANTADINE 100 MG TABLET	QL added	4 tablets/day	4/1/2018

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
ASPERCREME 4% PATCH	Added to formulary with QL	1 patch/day	4/1/2018
CAPACET CAPSULE ESGIC CAPSULE MARGESIC CAPSULE ZEBUTAL 50-325-40 MG CAPSULE	Capsules removed from formulary. Tablets are the preferred dosage form for this combination.		4/1/2018
CELECOXIB 100 MG CAPSULE CELECOXIB 200 MG CAPSULE CELECOXIB 400 MG CAPSULE CELECOXIB 50 MG CAPSULE	PA removed, QL remains active	1 capsule/day	4/1/2018
DICLOFENAC SODIUM 1% GEL	ST removed, QL added	500 gm/30 days	4/1/2018
DICLOFENAC SODIUM 3% GEL	PA criteria updated		4/1/2018
FLUOROURACIL 0.5% CREAM FLUOROURACIL 5% CREAM	PA criteria updated		4/1/2018
FORTEO 600 MCG/2.4 ML PEN INJ	PA criteria updated	1 unit/month	4/1/2018
IMIQUIMOD 5% CREAM PACKET	PA criteria updated	12 packets/month	4/1/2018
KETOPROFEN 50 MG CAPSULE KETOPROFEN 75 MG CAPSULE	Removed from formulary		4/1/2018
LIDOCAINE 3% CREAM	QL added	85 grams/30 days	4/1/2018
LIDOCAINE 5% PATCH	QL updated	1 patch/day	4/1/2018
MEMANTINE 5-10 TITRATION PK	PA criteria retired QL and AL added	49 tablets/year	4/1/2018
MEMANTINE HCL 10 MG TABLET MEMANTINE HCL 5 MG TABLET	PA criteria retired QL and AL added	2 tablets/day	4/1/2018
METHADONE 40 MG TABLET DISPR	Removed from formulary		4/1/2018
METHERGINE 0.2 MG TABLET	QL added	28 tablets/180 days	4/1/2018
NAPROXEN 125 MG/5 ML SUSPEN	Added to formulary with PA and AL	Max age 12 years	4/1/2018
ODOMZO 200 MG CAPSULE	Added to formulary with PA		4/1/2018
SSD 1% CREAM	Added to formulary		4/1/2018
SUMATRIPTAN 20 MG NASAL SPRAY	Added to formulary with PA and QL	1 box/month	4/1/2018
SUMATRIPTAN 5 MG NASAL SPRAY	Added to formulary with PA and QL	2 boxes/month	4/1/2018

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
TRACLEER 32 MG TABLET FOR SUSP	Added to formulary with PA, AL	Ages 3 – 12 years old	4/1/2018
TYMLOS 80 MCG DOSE PEN INJECTR	Added to formulary with PA		4/1/2018
ZENPEP DR 20,000 UNIT CAPSULE	Coding update for new NDC	16 capsules/day	4/1/2018
ZENPEP DR 40,000 UNIT CAPSULE	Coding update for new NDC	16 capsules/day	4/1/2018
ARMONAIR RespiClick	Added to formulary with QL	1 unit/month	3/1/2018
PREVACID SoluTab 15mg PREVACID SoluTab 30mg	Updated QL, AL remains No AL for CSHCS	1 tablet/day	3/1/2018
ASACOL HD DR 800 MG TABLET	Brand name removed from formulary – generic is covered		1/1/2018
CAYA CONTOURED DIAPHRAGM	Added to formulary		1/1/2018
COMPLEX B-50 TABLET	No PA required		1/1/2018
ESOMEPRAZOLE MAG DR 20 MG CAP	Removed from formulary		1/1/2018
ETIDRONATE DISODIUM 200 MG TAB ETIDRONATE DISODIUM 400 MG TAB	Removed from formulary		1/1/2018
FARXIGA 5 MG TABLET FARXIGA 10 MG TABLET	Removed from formulary		1/1/2018
FOLTANX RF CAPSULE	Removed from formulary Not on MPPL		1/1/2018
GLATIRAMER 40 MG/ML SYRINGE	Added to formulary with PA	12/28 days	1/1/2018
HUMALOG JR 100 UNIT/ML KWIKPEN	Added to formulary	Max age 21, 30ml/ 30 days;1ml/day	1/1/2018
INVOKAMET XR 150-1,000 MG TAB INVOKAMET XR 50-500 MG TABLET INVOKAMET XR 150-500 MG TABLET INVOKAMET XR 50-1,000 MG TAB	QL added	2 tablets/day	1/1/2018
JARDIANCE 10 MG TABLET JARDIANCE 25 MG TABLET	Added to formulary with PA	1 tablet/day	1/1/2018

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Medication Name	Preferred Drug List Update*	Limit*	Effective Date
LEVOMEFOL-PYRIDOXAL-MEC-ALGAL	Removed from formulary Not on MPPL		1/1/2018
L-METHYLFOLATE CA P-5-P ME-CBL	Removed from formulary Not on MPPL		1/1/2018
METANX CAPSULE	Removed from formulary Not on MPPL		1/1/2018
METHERGINE 0.2 MG TABLET	Brand added to formulary	Min age 12	1/1/2018
METHYLERGONOVINE 0.2 MG TABLET	Generic discontinued Brand covered		1/1/2018
NEXIUM 24HR 20 MG CAPSULE	Added to formulary with step-therapy requirements - ST: Step 1 omeprazole and pantoprazole Step 2 Nexium OTC and lansoprazole	2 capsules/day	1/1/2018
NEXIUM DR 20 MG CAPSULE	Removed from formulary		1/1/2018
SYNJARDY 5-1,000 MG TABLET SYNJARDY 12.5-1,000 MG TABLET SYNJARDY 5-500 MG TABLET SYNJARDY 12.5-500 MG TABLET	Added to formulary with PA	2 tablets/day	1/1/2018
SYNJARDY XR 10-1,000 MG TABLET SYNJARDY XR 25-1,000 MG TABLET	Added to formulary with PA	1 tablet/day	1/1/2018
SYNJARDY XR 12.5-1,000 MG TAB SYNJARDY XR 5-1,000 MG TABLET	Added to formulary with PA	2 tablets/day	1/1/2018
WIDE SEAL DIAPHRAGM 60MM WIDE SEAL DIAPHRAGM 65MM WIDE SEAL DIAPHRAGM 70MM WIDE SEAL DIAPHRAGM 75MM WIDE SEAL DIAPHRAGM 80MM WIDE SEAL DIAPHRAGM 85MM WIDE SEAL DIAPHRAGM 90MM WIDE SEAL DIAPHRAGM 95MM	Added to formulary		1/1/2018

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Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554 (TDD/TTY: 1-888-987-5832).**

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- **Blue Cross Complete of Michigan Member Grievances**
  P.O. Box 41789
  North Charleston, SC 29423
  1-800-228-8554
  (**TDD/TTY: 1-888-987-5832**)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
(TDD/TTY: 1-800-537-7697)

Complaint forms are available at: **hhs.gov/ocr/office/file/index.html**.

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Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call **1-800-228-8554 (TTY: 1-888-987-5832)**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554 (TTY: 1-888-987-5832)**.

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-228-8554 (TTY: 1-888-987-5832)**.

Chinese Mandarin: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电：**1-800-228-8554 (TTY: 1-888-987-5832)**。

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Syriac:
ܬܘܿܕܥܲܝ: ܐܶܢ ܡܶܠܬ̈ܵܐ ܥܲܪܒ̈ܝܵܐ ܐܲܢ ܐ̱ܢ ܫܘܿܡ̈ܵܟܹ̈ ܫܘܿܡ̈ܵܟܹ̈ ܕ̈ܥܲܪܒ̈ܝܵܐ ܐ̱ܢ