

FORMULARY UPDATES

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	* Coverage requires FDA labeled diagnosis code with claim or clinical review for medical necessity.

Date Effective	Product Name	Change	Notes
10/01/2025	MResvia SUSY 50MCG/0.5ML	Update to AGE	AGE minimum down to 50 years from 60.
10/01/2025	Saxagliptin 2.5MG and 5MG	Add to Formulary, ST	Step therapy through Metformin
10/01/2025	Buprenorphine TD Patch Weekly	Add to Formulary, QL	QL of 4 patches per 28 days
10/01/2025	Cinacalcet HCl Tab	Add to Formulary, QL	QL of 4 tablets per day
10/01/2025	Benlysta SOAJ 200MG/ML	Add to Formulary	
10/01/2025	Deferasirox TABS & Granules PACK	Add to Formulary	QL of 8 packets/tablets
10/01/2025	Deferiprone TABS	Add to Formulary with PA, QL	QL of 10 tablets per day
10/01/2025	Cyanocobalamin INJ 1000 MCG/ML	Add to Formulary	
10/01/2025	Calcipotriene 0.005% CRM, OINT, SOL	REMOVE PA, Add QL	QL of 60ML/month (SOL), 120 GM/month (CRM and OINT)