

FORMULARY UPDATES

Posted 2/27/2024

| 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 | |

| Date Effective | Product Name | Change | Notes |
|----------------|------------------|--|-------|
| 4/1/2024 | albendazole | Remove PA, add QL 4/day | |
| 4/1/2024 | Itraconazole | Add to formulary Max DD of 4, AL (18+) | |
| 4/1/2024 | Lisdexamfetamine | Add to formulary, Max DD of 1, AL (6+) | |
| 4/1/2024 | Paxlovid | Add max 5-day supply per fill | |