

TRADE NAME (generic name)	Brand/Generic Product	Description of Change
AFINITOR (everolimus tab 10 mg)	Brand	"Removal, Formulary to Not Covered, generics available"
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg)	Brand	"Removal, Formulary to Not Covered, generics available"
AFINITOR DISPERZ (everolimus tab for oral susp 3 mg)	Brand	"Removal, Formulary to Not Covered, generics available"
AFINITOR DISPERZ (everolimus tab for oral susp 5 mg)	Brand	"Removal, Formulary to Not Covered, generics available"
AJOVY (fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml)	Brand	Addition, Tier 2
AJOVY (fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml)	Brand	Addition, Tier 2
DESMOPRESSIN ACETATE (desmopressin acetate nasal soln 1.5 mg/ml)	Brand	Addition, Tier 2
EASY COMFORT LANCETS 30G/THIN TOP (lancets) - UPC # 91237-0001-29	Brand	"Removal, Formulary to Not Covered"
EMPAVELI (pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml))	Brand	Addition, Tier 2
EPIVIR (lamivudine oral soln 10 mg/ml)	Brand	Addition, Tier 2
EPIVIR (lamivudine tab 150 mg)	Brand	Addition, Tier 2
EXKIVITY (mobocertinib succinate cap 40 mg)	Brand	Addition, Tier 2
EXSERVAN (riluzole oral film 50 mg)	Brand	Addition, Tier 2
INVOKAMET (canagliflozin-metformin hcl tab 150-1000 mg)	Brand	"Removal, Formulary to Not Covered"
INVOKAMET (canagliflozin-metformin hcl tab 150-500 mg)	Brand	"Removal, Formulary to Not Covered"
INVOKAMET (canagliflozin-metformin hcl tab 50-1000 mg)	Brand	"Removal, Formulary to Not Covered"
INVOKAMET (canagliflozin-metformin hcl tab 50-500 mg)	Brand	"Removal, Formulary to Not Covered"
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 150-1000 mg)	Brand	"Removal, Formulary to Not Covered"
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 150-500 mg)	Brand	"Removal, Formulary to Not Covered"
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 50-1000 mg)	Brand	"Removal, Formulary to Not Covered"
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 50-500 mg)	Brand	"Removal, Formulary to Not Covered"
INVOKANA (canagliflozin tab 100 mg)	Brand	"Removal, Formulary to Not Covered"
INVOKANA (canagliflozin tab 300 mg)	Brand	"Removal, Formulary to Not Covered"
KLOXXADO (naloxone hcl nasal spray 8 mg/0.1ml)	Brand	Addition, Tier 2
METHOXSALEN (methoxsalen rapid cap 10 mg)	Brand	Addition, Tier 2
METHYLDOPA (methyldopa tab 250 mg)	Brand	Addition, Tier 2
METHYLDOPA (methyldopa tab 500 mg)	Brand	Addition, Tier 2
NEVIRAPINE (nevirapine susp 50 mg/5ml)	Brand	Addition, Tier 2
ORENCIA (abatacept subcutaneous inj 125 mg/ml)	Brand	Addition, Tier 2
ORENCIA (abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml)	Brand	Addition, Tier 2
ORENCIA (abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml)	Brand	Addition, Tier 2
ORENCIA CLICKJECT (abatacept subcutaneous soln auto-injector 125 mg/ml)	Brand	Addition, Tier 2

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PAXIL (paroxetine hcl oral susp 10 mg/5ml (base equiv))	Brand	"Removal, Formulary to Not Covered, generics available"
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2ml)	Brand	Addition, Tier 2
PHARMACIST CHOICE ULTRA THIN LANCETS 33G (lancets) - UPC # 98302-0140-71	Brand	"Removal, Formulary to Not Covered"
PREVNAR 20 (pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)	Brand	Addition, Tier 2
PURE COMFORT LANCETS 30G (lancets) - UPC # 60006-0377-81	Brand	"Removal, Formulary to Not Covered"
SAFETY LANCET 30G/PRESSURE ACTIVATED (lancets) - UPC # 60003-0125-56	Brand	"Removal, Formulary to Not Covered"
SAFETY LANCETS 28G (lancets) - UPC # 57513-0006-31	Brand	"Removal, Formulary to Not Covered"
SCEMBLIX (asciminib hcl tab 20 mg)	Brand	Addition, Tier 2
SCEMBLIX (asciminib hcl tab 40 mg)	Brand	Addition, Tier 2
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml)	Brand	Addition, Tier 2
SUTAB (sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg)	Brand	Addition, Tier 2
SUTENT (sunitinib malate cap 12.5 mg (base equivalent))	Brand	"Removal, Formulary to Not Covered, generics available"
SUTENT (sunitinib malate cap 25 mg (base equivalent))	Brand	"Removal, Formulary to Not Covered, generics available"
SUTENT (sunitinib malate cap 37.5 mg (base equivalent))	Brand	"Removal, Formulary to Not Covered, generics available"
SUTENT (sunitinib malate cap 50 mg (base equivalent))	Brand	"Removal, Formulary to Not Covered, generics available"
VARENICLINE TARTRATE (varenicline tartrate tab 0.5 mg (base equiv))	Brand	Addition, Tier 2
VARENICLINE TARTRATE (varenicline tartrate tab 1 mg (base equiv))	Brand	Addition, Tier 2
VAXNEUVANCE (pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml)	Brand	Addition, Tier 2
VP-PNV-DHA (prenatal vit w/ fe fum-fa-omega 3 cap 28-1-215.8 mg)	Brand	"Removal, Formulary to Not Covered"
WELIREG (belzutifan tab 40 mg)	Brand	Addition, Tier 2
XOLAIR (omalizumab subcutaneous soln prefilled syringe 150 mg/ml)	Brand	Addition, Tier 2
XOLAIR (omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml)	Brand	Addition, Tier 2
ZOSTAVAX (zoster vaccine live for subcutaneous susp 19400 unit/0.65ml)	Brand	"Removal, Formulary to Not Covered"