

FORMULARY ADDITIONS UPDATE:

The following summary describes recent changes to the formulary effective May 1, 2024

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
ARFORMOTEROL TARTRATE NEB 15MCG/2ML	Formulary Addition	2/1/2024	4	QL,B/D
BREO ELLIPTA INH 50MCG-25MCG	Formulary Addition	2/1/2024	3	QL
ELIGARD INJ 22.5MG	Formulary Addition	2/1/2024	4	QL,PA
ELIGARD INJ 30MG	Formulary Addition	2/1/2024	4	QL,PA
ELIGARD INJ 45MG	Formulary Addition	2/1/2024	4	QL,PA
ELIGARD INJ 7.5MG	Formulary Addition	2/1/2024	4	QL,PA
ENILLORING MIS	Formulary Addition	2/1/2024	4	
FRUZAQLA CAP 1MG	Formulary Addition	2/1/2024	5	QL,PA
FRUZAQLA CAP 5MG	Formulary Addition	2/1/2024	5	QL,PA
INBRIJA CAP 42MG	Formulary Addition	2/1/2024	5	PA
KOURZEQ PST 0.1%	Formulary Addition	2/1/2024	3	
LAGEVRIO CAP 200MG	Formulary Addition	2/1/2024	5	QL
LISDEXAMFETAMINE CAP 20MG	Formulary Addition	2/1/2024	4	

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LISDEXAMFETAMINE CAP 30MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 40MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 50MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 60MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 70MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 10MG	Formulary Addition	2/1/2024	4	
LITHIUM SOL 8MEQ/5ML	Formulary Addition	2/1/2024	3	
NEUPRO DIS 1MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 2MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 3MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 4MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 6MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 8MG/24HR	Formulary Addition	2/1/2024	4	

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OJJAARA TAB 100MG	Formulary Addition	2/1/2024	5	QL,PA
OJJAARA TAB 150MG	Formulary Addition	2/1/2024	5	QL,PA
OJJAARA TAB 200MG	Formulary Addition	2/1/2024	5	QL,PA
PAXLOVID TAB 150MG-100MG	Formulary Addition	2/1/2024	5	QL
PAXLOVID TAB 300MG-100MG	Formulary Addition	2/1/2024	5	QL
PAZOPANIB TAB 200MG	Formulary Addition	2/1/2024	5	QL,PA
PENTASA CAP 500MG CR	Formulary Addition	2/1/2024	4	QL
QULIPTA TAB 10MG	Formulary Addition	2/1/2024	5	QL,PA
QULIPTA TAB 30MG	Formulary Addition	2/1/2024	5	QL,PA
QULIPTA TAB 60MG	Formulary Addition	2/1/2024	5	QL,PA
SUFLAVE SOL	Formulary Addition	2/1/2024	4	
TRUQAP TAB 160MG	Formulary Addition	2/1/2024	5	QL,PA
TRUQAP TAB 200MG	Formulary Addition	2/1/2024	5	QL,PA

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Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
TURQOZ TAB	Formulary Addition	2/1/2024	4	
UBRELVY TAB 100MG	Formulary Addition	2/1/2024	5	QL,PA
UBRELVY TAB 50MG	Formulary Addition	2/1/2024	5	QL,PA
VANFLYTA TAB 17.7MG	Formulary Addition	2/1/2024	5	QL,PA
VANFLYTA TAB 26.5MG	Formulary Addition	2/1/2024	5	QL,PA
VELTASSA POW 16.8GM	Formulary Addition	2/1/2024	4	QL
VELTASSA POW 25.2GM	Formulary Addition	2/1/2024	4	QL
VELTASSA POW 8.4GM	Formulary Addition	2/1/2024	4	QL
YUFLYMA 1PEN KIT 40MG/0.4ML	Formulary Addition	2/1/2024	5	PA
YUFLYMA 2SYR KIT 40MG/0.4ML	Formulary Addition	2/1/2024	5	PA
ZURZUVAE CAP 20MG	Formulary Addition	2/1/2024	5	QL,PA
ZURZUVAE CAP 25MG	Formulary Addition	2/1/2024	5	QL,PA
ZURZUVAE CAP 30MG	Formulary Addition	2/1/2024	5	QL,PA

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Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
AKEEGA TAB 100MG/500MG	Formulary Addition	3/1/2024	5	QL,PA
AKEEGA TAB 50MG/500MG	Formulary Addition	3/1/2024	5	QL,PA
AUGTYRO CAP 40MG	Formulary Addition	3/1/2024	5	QL,PA
KALYDECO GRA 5.8MG	Formulary Addition	3/1/2024	5	QL,PA
LISDEXAMFETAMINE DIMESYLATE CHW 10MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 20MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 30MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 40MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 50MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 60MG	Formulary Addition	3/1/2024	4	
NORELGESTROMIN/ETHINYL ESTRADIOL 150MCG/35MCG	Formulary Addition	3/1/2024	4	
OGSIVEO TAB 50MG	Formulary Addition	3/1/2024	5	QL,PA
UPTRAVI TAB 1000MCG	Formulary Addition	3/1/2024	5	PA

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Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
UPTRAVI TAB 1200MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 1400MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 1600MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 200MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 400MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 600MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 800MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI PACK TAB 200MCG/800MCG	Formulary Addition	3/1/2024	5	QL,PA
VIGPODER POW 500MG	Formulary Addition	3/1/2024	5	QL,PA
ZENPEP CAP 60000UNT	Formulary Addition	3/1/2024	3	
BOSULIF CAP 100MG	Formulary Addition	4/1/2024	5	QL,PA
BOSULIF CAP 50MG	Formulary Addition	4/1/2024	5	QL,PA
IWILFIN TAB 192MG	Formulary Addition	4/1/2024	5	QL,PA

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LUMRYZ PAK 6GM	Formulary Addition	4/1/2024	5	QL,PA
LUMRYZ PAK 7.5GM	Formulary Addition	4/1/2024	5	QL,PA
LUMRYZ PAK 9GM	Formulary Addition	4/1/2024	5	QL,PA
LUMRYZ PKG 4.5GM	Formulary Addition	4/1/2024	5	QL,PA
PENBRAYA INJ	Formulary Addition	4/1/2024	3	QL
RISPERIDONE INJ 12.5MG	Formulary Addition	4/1/2024	4	
RISPERIDONE INJ 25MG ER	Formulary Addition	4/1/2024	4	
RISPERIDONE INJ 37.5MG	Formulary Addition	4/1/2024	4	
RISPERIDONE INJ 50MG ER	Formulary Addition	4/1/2024	5	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOL	Formulary Addition	4/1/2024	3	
SYNJARDY XR TAB 10MG-1000MG	Formulary Addition	4/1/2024	3	QL
SYNJARDY XR TAB 12.5MG-1000MG	Formulary Addition	4/1/2024	3	QL
SYNJARDY XR TAB 25MG-1000MG	Formulary Addition	4/1/2024	3	QL

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Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
SYNJARDY XR TAB 5MG-1000MG	Formulary Addition	4/1/2024	3	QL
XALKORI CAP 150MG	Formulary Addition	4/1/2024	5	PA
XALKORI CAP 20MG	Formulary Addition	4/1/2024	5	PA
XALKORI CAP 50MG	Formulary Addition	4/1/2024	5	PA
CYCLOSERINE CAP 250MG	Formulary Addition	5/1/2024	4	
HEATHER TAB 0.35MG	Formulary Addition	5/1/2024	4	
IXCHIQ INJ	Formulary Addition	5/1/2024	3	QL
MIFEPRISTONE TAB 300MG	Formulary Addition	5/1/2024	5	QL,PA
ROZLYTREK PAK 50MG	Formulary Addition	5/1/2024	5	QL,PA
TRIENTINE CAP 500MG	Formulary Addition	5/1/2024	5	QL,PA
XOLAIR INJ 150MG/ML	Formulary Addition	5/1/2024	5	PA
XOLAIR PREFILLED INJ 300MG/2ML	Formulary Addition	5/1/2024	5	PA
XOLAIR AUTO-INJECTOR INJ 300MG/2ML	Formulary Addition	5/1/2024	5	PA

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Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
XOLAIR INJ 75MG/0.5ML	Formulary Addition	5/1/2024	5	PA

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

QL = Quantity Limit, **PA** = Prior Authorization, **ST** = Step Therapy, **B/D** = Medicare Part B/D determination

AER = Aerosol, **CAP** = Capsule, **CON** = Concentrate, **CRE** = Cream, **DRO** = Drops, **ER** = Extended Release, **ENE** = Enema, **GRA** = Granules, **INH** = Inhalation, **INJ** = Injection, **LOT** = Lotion, **NEB** = Nebulizer, **ODT** = Orally Disintegrating, **OIN** = Ointment, **OP** = Ophthalmic, **POW** = Powder, **SHA** = Shampoo, **SOL** = Solution, **SPR** = Spray, **SUB** = Sublingual, **SUP** = Suppository, **SUS** = Suspension, **TAB** = Tablet, **CHW** = Chewable

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