

2026 Formulary Changes

Following formulary changes will take place on 1/1/2026. If you are affected by formulary changes listed below, please speak with your provider to find an appropriate alternative or request coverage exception.

Product Name	Generic Name	Change
ACTIVELLA	Estradiol & Norethindrone Acetate	Brand product removed from the
	Tab 1-0.5 MG	formulary
ADCETRIS	Brentuximab Vedotin For IV Soln 50	Product removed from the
	MG	formulary
ADVATE	Antihemophilic Factor rAHF-PFM For	Product removed from the
	Inj 1500 Unit	formulary
ADVATE	Antihemophilic Factor rAHF-PFM For	Product removed from the
	Inj 4000 Unit	formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For	Product removed from the
	Inj 250 Unit	formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For	Product removed from the
	Inj 500 Unit	formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For	Product removed from the
	Inj 1000 Unit	formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For	Product removed from the
	Inj 2000 Unit	formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For	Product removed from the
	Inj 3000 Unit	formulary
ADYNOVATE	Antihemophilic Factor Recomb	Product removed from the
	Pegylated For Inj 250 Unit	formulary
ADYNOVATE	Antihemophilic Factor Recomb	Product removed from the
	Pegylated For Inj 500 Unit	formulary
ADYNOVATE	Antihemophilic Factor Recomb	Product removed from the
	Pegylated For Inj 750 Unit	formulary
ADYNOVATE	Antihemophilic Factor Recomb	Product removed from the
	Pegylated For Inj 1000 Unit	formulary



Product Name	Generic Name	Change
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit	Product removed from the formulary
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit	Product removed from the formulary
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit	Product removed from the formulary
ALREX	Loteprednol Etabonate Ophth Susp 0.2%	Brand product removed from the formulary
ALTUVIIIO	Antihemophilic Fact Rcmb Fc-VWF- XTEN-ehtl For Inj 250 Unit	Product removed from the formulary
ALTUVIIIO	Antihemophilic Fact Rcmb Fc-VWF- XTEN-ehtl For Inj 500 Unit	Product removed from the formulary
ALTUVIIIO	Antihemophilic Fact Rcmb Fc-VWF- XTEN-ehtl For Inj 1000 Unit	Product removed from the formulary
ALTUVIIIO	Antihemophilic Fact Rcmb Fc-VWF- XTEN-ehtl For Inj 2000 Unit	Product removed from the formulary
ALTUVIIIO	Antihemophilic Fact Rcmb Fc-VWF- XTEN-ehtl For Inj 3000 Unit	Product removed from the formulary
ALTUVIIIO	Antihemophilic Fact Rcmb Fc-VWF- XTEN-ehtl For Inj 4000 Unit	Product removed from the formulary
ALUNBRIG	Brigatinib Tab 30 MG	Product removed from the formulary
ALUNBRIG	Brigatinib Tab 90 MG	Product removed from the formulary



Product Name	Generic Name	Change
ALUNBRIG	Brigatinib Tab 180 MG	Product removed from the formulary
ALUNBRIG	Brigatinib Tab Initiation Therapy Pack 90 MG & 180 MG	Product removed from the formulary
AMBISOME	Amphotericin B Liposome IV For Susp 50 MG	Product removed from the formulary
ANORO ELLIPTA	Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH	Brand product removed from the formulary
APTIOM	Eslicarbazepine Acetate Tab 200 MG	Brand product removed from the formulary
APTIOM	Eslicarbazepine Acetate Tab 400 MG	Brand product removed from the formulary
APTIOM	Eslicarbazepine Acetate Tab 600 MG	Brand product removed from the formulary
APTIOM	Eslicarbazepine Acetate Tab 800 MG	Brand product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 6 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 12 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 18 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 24 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 30 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 36 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 42 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 48 MG	Product removed from the formulary
AUSTEDO XR PATIENT	Deutetrabenazine Tab ER Titration	Product removed from the
TITRATION	Pack 6 MG & 12 MG & 24 MG	formulary
AUSTEDO XR PATIENT	Deutetrabenazine Tab ER Titration	Product removed from the
TITRATION	Pack 12 & 18 & 24 & 30 MG	formulary



Product Name	Generic Name	Change
AYVAKIT	Avapritinib Tab 25 MG	Product removed from the
		formulary
AYVAKIT	Avapritinib Tab 50 MG	Product removed from the
		formulary
AYVAKIT	Avapritinib Tab 100 MG	Product removed from the
		formulary
AYVAKIT	Avapritinib Tab 200 MG	Product removed from the
		formulary
AYVAKIT	Avapritinib Tab 300 MG	Product removed from the
		formulary
AZELEX	Azelaic Acid Cream 20%	Product removed from the
		formulary
BALVERSA	Erdafitinib Tab 3 MG	Product removed from the
		formulary
BALVERSA	Erdafitinib Tab 4 MG	Product removed from the
		formulary
BALVERSA	Erdafitinib Tab 5 MG	Product removed from the
		formulary
BENADRYL	Diphenhydramine HCl Inj 50 MG/ML	Product removed from the
		formulary
BENEFIX	Coagulation Factor IX (Recombinant)	Product removed from the
	For Inj Kit 250 Unit	formulary
BENEFIX	Coagulation Factor IX (Recombinant)	Product removed from the
	For Inj Kit 500 Unit	formulary
BENEFIX	Coagulation Factor IX (Recombinant)	Product removed from the
	For Inj Kit 1000 Unit	formulary
BENEFIX	Coagulation Factor IX (Recombinant)	Product removed from the
DENETIA	For Inj Kit 2000 Unit	formulary
BENEFIX	Coagulation Factor IX (Recombinant)	Product removed from the
DEINEFIX	For Inj Kit 3000 Unit	formulary
2001115		· · · · · · · · · · · · · · · · · · ·
BOSULIF	Bosutinib Tab 100 MG	Product removed from the
2001115		formulary
BOSULIF	Bosutinib Tab 400 MG	Product removed from the
DOCUME.	Describility Tab 500 MAC	formulary
BOSULIF	Bosutinib Tab 500 MG	Product removed from the
DDA ETOV	Foreverfereite Com 75 MAC	formulary
BRAFTOVI	Encorafenib Cap 75 MG	Product removed from the
		formulary



Product Name	Generic Name	Change
BRILINTA	Ticagrelor Tab 60 MG	Brand product removed from the formulary
BRILINTA	Ticagrelor Tab 90 MG	Brand product removed from the formulary
BRIVIACT	Brivaracetam Tab 10 MG	Product removed from the formulary
BRIVIACT	Brivaracetam Tab 25 MG	Product removed from the formulary
BRIVIACT	Brivaracetam Tab 50 MG	Product removed from the formulary
BRIVIACT	Brivaracetam Tab 75 MG	Product removed from the formulary
BRIVIACT	Brivaracetam Tab 100 MG	Product removed from the formulary
BRUKINSA	Zanubrutinib Cap 80 MG	Product removed from the formulary
CALQUENCE	Acalabrutinib Maleate Tab 100 MG	Product removed from the formulary
CANCIDAS	Caspofungin Acetate For IV Soln 50 MG	Product removed from the formulary
CANCIDAS	Caspofungin Acetate For IV Soln 70 MG	Product removed from the formulary
CARBOPLATIN	Carboplatin IV Soln 50 MG/5ML	Product removed from the formulary
CEREZYME	Imiglucerase For Inj 400 Unit	Product removed from the formulary
CHOLBAM	Cholic Acid Cap 50 MG	Product removed from the formulary
CHOLBAM	Cholic Acid Cap 250 MG	Product removed from the formulary
CLINIMIX E/DEXTROSE (5/20)	Amino Acid Electrolyte w/ Cal Infusion 5% in D20W	Product removed from the formulary
COGENTIN	Benztropine Mesylate Inj 1 MG/ML	Product removed from the formulary
CONTRAVE	Naltrexone HCl-Bupropion HCl Tab SR 12HR 8-90 MG	Product removed from the formulary
COPIKTRA	Duvelisib Cap 15 MG	Product removed from the formulary



Product Name	Generic Name	Change
COPIKTRA	Duvelisib Cap 25 MG	Product removed from the formulary
CYLTEZO	Adalimumab-adbm Auto-injector Kit 40 MG/0.4ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Auto-injector Kit 40 MG/0.8ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Prefilled Syringe Kit 10 MG/0.2ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Prefilled Syringe Kit 20 MG/0.4ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Prefilled Syringe Kit 40 MG/0.4ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Prefilled Syringe Kit 40 MG/0.8ML	Brand product removed from the formulary
CYTARABINE (PF)	Cytarabine Inj PF 20 MG/ML	Product removed from the formulary
CYTARABINE (PF)	Cytarabine Inj 100 MG/ML	Product removed from the formulary
DACARBAZINE	Dacarbazine For Inj 200 MG	Product removed from the formulary
DEBACTEROL	Sulfuric Acid/Sulfonate Phenol	Product removed from the formulary
DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj Soln Pref Syr 4 MG/ML	Product removed from the formulary
DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj 4 MG/ML	Product removed from the formulary
DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj 20 MG/5ML	Product removed from the formulary
DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj 120 MG/30ML	Product removed from the formulary
DEXTROSE IN LACTATED RINGERS	Dextrose 5% in Lactated Ringers	Product removed from the formulary
DOCIVYX	Docetaxel Soln for IV Infusion 20 MG/2ML	Product removed from the formulary
DOPTELET	Avatrombopag Maleate Tab 20 MG (Base Equiv)	Product removed from the formulary



Product Name	Generic Name	Change
DOXIL	Doxorubicin HCl Liposomal Susp (For IV Infusion) 2 MG/ML	Product removed from the formulary
DOXIL	Doxorubicin HCl Inj 2 MG/ML	Product removed from the formulary
DOXY 100	Doxycycline Hyclate For Inj 100 MG	Product removed from the formulary
EGRIFTA SV	Tesamorelin Acetate For Inj 2 MG (Base Equiv)	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 250 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 500 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 750 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 1000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 1500 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 2000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 3000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 4000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 5000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIIIFc For Inj 6000 Unit	Product removed from the formulary
EMFLAZA	Deflazacort Susp 22.75 MG/ML	Product removed from the formulary
ENSPRYNG	Satralizumab-mwge Subcutaneous Soln Pref Syringe 120 MG/ML	Product removed from the formulary
EPOGEN, PROCRIT	Epoetin Alfa Inj 2000 Unit/ML	Product removed from the formulary
EPOGEN, PROCRIT	Epoetin Alfa Inj 3000 Unit/ML	Product removed from the formulary



Product Name	Generic Name	Change
EPOGEN, PROCRIT	Epoetin Alfa Inj 4000 Unit/ML	Product removed from the formulary
EPOGEN, PROCRIT	Epoetin Alfa Inj 10000 Unit/ML	Product removed from the formulary
EPOGEN, PROCRIT	Epoetin Alfa Inj 20000 Unit/ML	Product removed from the formulary
ERAXIS	Anidulafungin For IV Soln 50 MG	Product removed from the formulary
ERAXIS	Anidulafungin For IV Soln 100 MG	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 500 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1000 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1500 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 2000 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 3000 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 4000 Unit	Product removed from the formulary
ESTROGEL	Estradiol Gel 0.06% (0.75 MG/1.25 GM Metered-Dose Pump)	Brand product removed from the formulary
FIRDAPSE	Amifampridine Phosphate Tab 10 MG (Base Equivalent)	Product removed from the formulary
FYCOMPA	Perampanel Tab 2 MG	Brand product removed from the formulary
FYCOMPA	Perampanel Tab 4 MG	Brand product removed from the formulary
FYCOMPA	Perampanel Tab 6 MG	Brand product removed from the formulary
FYCOMPA	Perampanel Tab 8 MG	Brand product removed from the formulary
FYCOMPA	Perampanel Tab 10 MG	Brand product removed from the formulary



FYCOMPA Perampanel Tab 12 MG Brand product removed from the formulary Product removed from the formulary Product removed from the formulary BAMMAGARD S/D LESS Immune Globulin (Human) IV For Soln Formulary BAMMAGARD S/D LESS Immune Globulin (Human) IV For Soln Formulary Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Soln Formulary RED, GAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary BAMMAGARD, GAMMA BAMMAGARD, GAMMA BAMMAGARD, GAMMA BAMMAGARD, GAMMA BAMMAGARD, GAMMA BAMMAGARD, GAMMA	Product Name	Generic Name	Change
GAMMAGARD S/D LESS Immune Globulin (Human) IV For Soln formulary GAMMAGARD S/D LESS Immune Globulin (Human) IV For Soln formulary GAMMAGARD S/D LESS Immune Globulin (Human) IV For Soln formulary GAMMAGARD S/D LESS Immune Globulin (Human) IV For Soln formulary GAMMAGARD, GAMMA Inmune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML formulary GAMMAGARD, GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML formulary GAMMAGARD, GAMMA KED, GAMMA KED, GAMMAGARD, GAMM	FYCOMPA	Perampanel Tab 12 MG	•
GAMMAGARD S/D LESS Immune Globulin (Human) IV For Soln formulary Immune Globulin (Human) IV or Forduct removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML formulary Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML formulary GAMMAGARD,GAMUNEX-C Subcutaneous Soln 20 GM/200ML formulary GAMMAGARD,GAMUNEX-C Subcutaneous Soln 2.5 GM/25ML formulary GAMMAGARD,GAMUNE Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML formulary GAMMAGARD,GAMUNE GAMMAGARD,GAMUNE Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML formulary GAMMAGARD,GAMUNEX-C Subcutaneous Soln 2.5 GM/25ML formulary GAMMAGARD,GAMMA GAMMAGARD,GAMMAGARD,GAMMA GAMMAGARD,GAMMAGARD,GAMMA GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMA GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAGARD,GAMMAG	GAMMAGARD		
IGA 5 GM formulary GAMMAGARD S/D LESS Immune Globulin (Human) IV For Soln IGA 10 GM formulary GAMMAGARD, GAMMA Immune Globulin (Human) IV or Soln YED, GAMMAGARD, GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML formulary GAMMAGARD, GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML formulary GAMMAGARD, GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML formulary GAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD, GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD, GAMUNE Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML formulary GAMMAGARD, GAMUNE Immune Globulin (Human) IV or Product removed from the formulary GAMUNEX-C Immune Globulin (Human) IV or Product removed from the formulary GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) added HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 Brand product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary		Subcutaneous Soln 30 GM/300ML	formulary
GAMMAGARD S/D LESS Immune Globulin (Human) IV For Soln IGA ID GM Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMUNE Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMUNE Immune Globulin (Human) IV or Product removed from the formulary GAMUNEX-C Subcutaneous Soln 40 GM/25ML formulary GILENYA Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement Equiv) Brand product removed from the formulary GILENYA Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added Fingolimod HCI Cap 0.5 MG (Base Prior authorization	GAMMAGARD S/D LESS		
IGA 10 GM formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or KED,GAMUNEX-C Subcutaneous Soln 5 GM/50ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or KED,GAMUNEX-C Subcutaneous Soln 5 GM/50ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the formulary GAMUNEX-C Subcutaneous Soln 2.5 GM/25ML formulary GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML formulary GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) HALAVEN Fingolimod HCI Cap 0.5 MG (Base Equiv) BEQUIVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary			•
GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 1 GM/10ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML formulary GAMMAGARD,GAMMA KED,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML formulary GAMMAGARD,GAMMA KED,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Product removed from the Subcutaneous Soln 20 GM/200ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML formulary GAMMAGARD,GAMMA Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML formulary GAMMAGARD,GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML formulary GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) added HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 Brand product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit Formulary IDELVION FORMULT Formulary IDELVION FORMULT Formulary Formulary IDELVION FORMULT FORM	·	• •	
KED,GAMUNEX-C Subcutaneous Soln 1 GM/10ML GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 5 GM/50ML GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 10 GM/100ML GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 20 GM/200ML GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMUNE GAMMAGARD,GAMUNE GAMUNEX-C Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) Brior authorization requirement added HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML) Brand product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 250 Unit FOROut removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit FP) For Inj 1000 Unit FOROut removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit FOROut removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FOROut removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FOROut removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FOROUT removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FOROUT removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FOROUT removed from the formulary IDELVION FOROUT removed from the formulary FOROUT removed from the formulary			•
GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 5 GM/50ML GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 10 GM/100ML KED,GAMUNEX-C Subcutaneous Soln 10 GM/100ML GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 10 GM/100ML KED,GAMUNEX-C Subcutaneous Soln 20 GM/200ML GOMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 20 GM/200ML GOMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 20 GM/200ML GOMMAGARD,GAMUNE X-C Subcutaneous Soln 20 GM/25ML Tormulary GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML Formulary GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) Frior authorization requirement added HALAVEN Friblin Mesylate Inj 1 MG/2ML (0.5 MG/ML) IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 250 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 500 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FORMULATY IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FORMULATY IDELVION FORMULATY IDELVION FORMULATY IDELVION FORMULATY IDELVION FORMULATY FORMULAT	<u>. </u>		
KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C GAMMAGARD,GAMUNE GAMMAGARD,GAMUNE GAMMAGARD,GAMUNE Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML GAMMAGARD,GAMUNE X-C GAMMAGARD,GAMUNE Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) Frior authorization requirement added HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML) IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 250 Unit FP) For Inj 500 Unit FP) For Inj 500 Unit FP) For Inj 1000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 3500 Unit FROM TERMOVED FROM The Formulary FP) For Inj 3500 Unit FROM TERMOVED FROM The Formulary FP) For Inj 3500 Unit FROM TERMOVED FROM The Formulary FP) For Inj 3500 Unit FROM TERMOVED FROM The Formulary FP) For Inj 3500 Unit FROM TERMOVED FROM The Formulary FP) For Inj 3500 Unit FROM TERMOVED FROM The FORMULA TRANSPORT THE FROM THE FORMULA TRANSPORT THE FROM THE FORMULA TRANSPORT THE FORMU	·		<u>, </u>
GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 10 GM/100ML GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 20 GM/200ML GAMMAGARD,GAMUNE KED,GAMUNEX-C Subcutaneous Soln 20 GM/200ML GAMMAGARD,GAMUNE GAMMAGARD,GAMUNE Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML GILENYA Fingolimod HCl Cap 0.5 MG (Base Equiv) Frior authorization requirement added HALAVEN Frib For Inj 250 Unit FP) For Inj 250 Unit FP) For Inj 500 Unit FP) For Inj 500 Unit FP) For Inj 1000 Unit FP) For Inj 1000 Unit FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 3500 Unit FRICKET FROWAGE FROM The Formulary FP) For Inj 3500 Unit FRICKET FROWAGE FROM The Formulary FP) For Inj 3500 Unit FRICKET FROM The Formulary FP) For Inj 3500 Unit FRICKET FROM The Formulary FP) For Inj 3500 Unit FRICKET FROM The Formulary FP) For Inj 3500 Unit FRICKET FROM The Formulary FP) For Inj 3500 Unit FRICKET FROM The Formulary FP) For Inj 3500 Unit FRICKET FROM The FORMULA F	•		
KED,GAMUNEX-C GAMMAGARD,GAMMA KED,GAMUNEX-C Subcutaneous Soln 20 GM/200ML GAMMAGARD,GAMMNE KED,GAMUNEX-C Subcutaneous Soln 20 GM/200ML GAMMAGARD,GAMUNE X-C Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML) IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 250 Unit IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 500 Unit IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit FP) For Inj 2000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FP Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit FP) For Inj 3500 Unit IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FP Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FP Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FP Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FP Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FP Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FP Product removed from the formulary IDELVION FP Product removed from the formulary		·	<u>'</u>
GAMMAGARD,GAMMA Immune Globulin (Human) IV or KED,GAMUNEX-C Subcutaneous Soln 20 GM/200ML formulary GAMMAGARD,GAMUNE Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML formulary GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 4.0 GM/400ML formulary GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) GILENYA Eribulin Mesylate Inj 1 MG/2ML (0.5 Brand product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IDELVION Product removed from the formulary IDELVION Product removed from the formulary IDELVION Product removed from the formulary		• • • • • • • • • • • • • • • • • • • •	
KED,GAMUNEX-CSubcutaneous Soln 20 GM/200MLformularyGAMMAGARD,GAMUNE X-CImmune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25MLProduct removed from the formularyGAMUNEX-CImmune Globulin (Human) IV or Subcutaneous Soln 40 GM/400MLProduct removed from the formularyGILENYAFingolimod HCI Cap 0.5 MG (Base Equiv)Prior authorization requirement addedHALAVENEribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)Brand product removed from the formularyIDELVIONCoagulation Factor IX (Recomb) (rIX- FP) For Inj 250 UnitProduct removed from the formularyIDELVIONCoagulation Factor IX (Recomb) (rIX- FP) For Inj 500 UnitProduct removed from the formularyIDELVIONCoagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 UnitProduct removed from the formularyIDELVIONCoagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 UnitProduct removed from the formularyIDELVIONCoagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 UnitProduct removed from the formularyIMBRUVICAIbrutinib Cap 70 MGProduct removed from the	KED,GAMUNEX-C	Subcutaneous Soln 10 GM/100ML	formulary
GAMMAGARD,GAMUNE X-C Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML GILENYA Fingolimod HCl Cap 0.5 MG (Base Equiv) Fringolimod HCl Cap 0.5 MG (Base Equiv) Brand product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 250 Unit FP) For Inj 500 Unit FP) For Inj 500 Unit FP) For Inj 1000 Unit FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 3500 Unit FP) FOR Inj	-	• • • • • • • • • • • • • • • • • • • •	Product removed from the
X-C Subcutaneous Soln 2.5 GM/25ML GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML GILENYA Fingolimod HCI Cap 0.5 MG (Base Prior authorization requirement added HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 Brand product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit IDELVION IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit IDELVION Product removed from the formulary IMBRUVICA Ibrutinib Cap 70 MG Product removed from the	KED,GAMUNEX-C	Subcutaneous Soln 20 GM/200ML	formulary
GAMUNEX-C Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML Fingolimod HCl Cap 0.5 MG (Base Equiv) HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 Brand product removed from the MG/ML) IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit IMBRUVICA Ibrutinib Cap 70 MG Product removed from the formulary IMBRUVICA	GAMMAGARD,GAMUNE	Immune Globulin (Human) IV or	Product removed from the
Subcutaneous Soln 40 GM/400ML formulary GILENYA Fingolimod HCl Cap 0.5 MG (Base Prior authorization requirement added HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 Brand product removed from the MG/ML) Formulary IDELVION Coagulation Factor IX (Recomb) (rIX-Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-Product removed from the formulary IDELVION IDELVION Coagulation Factor IX (Recomb) (rIX-Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX-Product removed from the formulary IMBRUVICA Ibrutinib Cap 70 MG Product removed from the	X-C	Subcutaneous Soln 2.5 GM/25ML	formulary
GILENYA Fingolimod HCI Cap 0.5 MG (Base Equiv) HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 Brand product removed from the MG/ML) IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 250 Unit IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION LOBELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Product removed from the formulary IMBRUVICA Ibrutinib Cap 70 MG Product removed from the	GAMUNEX-C	Immune Globulin (Human) IV or	Product removed from the
HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML) Coagulation Factor IX (Recomb) (rIX- FP) For Inj 250 Unit Coagulation Factor IX (Recomb) (rIX- FP) For Inj 500 Unit DELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 500 Unit DELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit DELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit DELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit DELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit DELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit DELVION DELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit Product removed from the FP) For Inj 3500 Unit DELVION DELVION Product removed from the FP) For Inj 3500 Unit DELVION Product removed from the FP) For Inj 3500 Unit Product removed from the		Subcutaneous Soln 40 GM/400ML	formulary
HALAVEN Eribulin Mesylate Inj 1 MG/2ML (0.5 Brand product removed from the MG/ML) IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION IDELVION Coagulation Factor IX (Recomb) (rIX- Product removed from the formulary IDELVION Product removed from the formulary IMBRUVICA Ibrutinib Cap 70 MG Product removed from the	GILENYA	Fingolimod HCl Cap 0.5 MG (Base	Prior authorization requirement
IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 250 Unit FP) For Inj 250 Unit FP) For Inj 500 Unit FP) For Inj 500 Unit FP) For Inj 500 Unit FP) For Inj 1000 Unit FP) For Inj 1000 Unit FP) For Inj 1000 Unit FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 3500 Unit FRICTION FROM THE FORWARD FROM THE FP) FOR Inj 3500 Unit FRICTION FROM THE FROM THE FROM THE FP) FOR Inj 3500 Unit FRICTION FROM THE FROM THE FROM THE FROM THE FP) FOR Inj 3500 Unit FRICTION FROM THE FRO		Equiv)	added
IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 500 Unit FP) For Inj 500 Unit FP) For Inj 500 Unit FP) For Inj 1000 Unit FP) For Inj 1000 Unit FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 3500 Unit FP) For Inj 3500 Unit FP) For Inj 3500 Unit FP) For Unj 3500 Unit F	HALAVEN	· · · · · · · · · · · · · · · · · · ·	•
IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 500 Unit Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit IMBRUVICA Ibrutinib Cap 70 MG Product removed from the	IDELVION	Coagulation Factor IX (Recomb) (rIX-	Product removed from the
IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit FP) For Inj 1000 Unit FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 3500 Unit		FP) For Inj 250 Unit	formulary
IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 1000 Unit Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit IMBRUVICA Ibrutinib Cap 70 MG Product removed from the formulary Product removed from the	IDELVION	Coagulation Factor IX (Recomb) (rIX-	Product removed from the
IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit FP) For Inj 2000 Unit FP) For Inj 3500 Unit		FP) For Inj 500 Unit	formulary
IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 2000 Unit Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit IMBRUVICA Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FP) For Inj 3500 Unit Product removed from the formulary Product removed from the	IDELVION	Coagulation Factor IX (Recomb) (rIX-	Product removed from the
IDELVION Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit formulary IMBRUVICA Ibrutinib Cap 70 MG Froduct removed from the		FP) For Inj 1000 Unit	formulary
IDELVION Coagulation Factor IX (Recomb) (rIX- FP) For Inj 3500 Unit FP) For Inj 3500 Unit IMBRUVICA Ibrutinib Cap 70 MG Product removed from the	IDELVION	Coagulation Factor IX (Recomb) (rIX-	Product removed from the
FP) For Inj 3500 Unit formulary IMBRUVICA Ibrutinib Cap 70 MG Product removed from the		FP) For Inj 2000 Unit	formulary
FP) For Inj 3500 Unit formulary IMBRUVICA Ibrutinib Cap 70 MG Product removed from the	IDELVION	Coagulation Factor IX (Recomb) (rIX-	Product removed from the
·		•	formulary
·	IMBRUVICA	Ibrutinib Cap 70 MG	Product removed from the
			formulary



Product Name	Generic Name	Change
IMBRUVICA	Ibrutinib Cap 140 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Tab 140 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Tab 280 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Tab 420 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Tab 560 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Oral Susp 70 MG/ML	Product removed from the formulary
IMPAVIDO	Miltefosine Cap 50 MG	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Cap 40 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Cap 60 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Cap 80 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Capsule Sprinkle 40 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Capsule Sprinkle 60 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Capsule Sprinkle 80 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Cap Therapy Pack 40 MG (7) & 80 MG (21)	Product removed from the formulary
INREBIC	Fedratinib HCl Cap 100 MG	Product removed from the formulary
IOPIDINE	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	Product removed from the formulary
IOPIDINE	Apraclonidine HCl Ophth Soln 1% (Base Equivalent)	Product removed from the formulary
JEVTANA	Cabazitaxel Inj 60 MG/1.5ML (For IV Infusion)	Product removed from the formulary
JIVI	Antihemophilic Factor Recom Pegylated-aucl For Inj 500 Unit	Product removed from the formulary



Product Name	Generic Name	Change
JIVI	Antihemophilic Factor Recom Pegylated-aucl For Inj 1000 Unit	Product removed from the formulary
JIVI	Antihemophilic Factor Recom Pegylated-aucl For Inj 2000 Unit	Product removed from the formulary
JIVI	Antihemophilic Factor Recom Pegylated-aucl For Inj 3000 Unit	Product removed from the formulary
JIVI	Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 4000 Unit	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 15 MG	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 30 & 15 MG	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 45 & 15 MG	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 60 & 30 MG	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 90 & 30 MG	Product removed from the formulary
KEVEYIS	Dichlorphenamide Tab 50 MG	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	Product removed from the formulary
KOSELUGO	Selumetinib Sulfate Cap 10 MG	Product removed from the formulary
KOSELUGO	Selumetinib Sulfate Cap 25 MG	Product removed from the formulary
KUVAN	Sapropterin Dihydrochloride Tab 100 MG	Product removed from the formulary



Product Name	Generic Name	Change
KUVAN	Sapropterin Dihydrochloride Powder Packet 100 MG	Product removed from the formulary
KUVAN	Sapropterin Dihydrochloride Powder	Product removed from the
	Packet 500 MG	formulary
LACTATED RINGERS	Lactated Ringer's Solution	Product removed from the formulary
LUCEMYRA	Lofexidine HCl Tab 0.18 MG (Base	Brand product removed from the
	Equivalent)	formulary
LUMIGAN	Bimatoprost Ophth Soln 0.03%	Brand product removed from the formulary
LUMIZYME	Alglucosidase Alfa For IV Soln 50 MG	Product removed from the formulary
LUPRON DEPOT-PED (1-	Leuprolide Acetate For Inj Pediatric Kit	Product removed from the
MONTH)	7.5 MG	formulary
LUPRON DEPOT-PED (1-	Leuprolide Acetate For Inj Pediatric Kit	Product removed from the
MONTH)	11.25 MG	formulary
LUPRON DEPOT-PED (1-	Leuprolide Acetate For Inj Pediatric Kit	Product removed from the
MONTH)	15 MG	formulary
LUPRON DEPOT-PED (3-	Leuprolide Acetate (3 Month) For Inj	Product removed from the
MONTH)	Pediatric Kit 11.25 MG	formulary
LUPRON DEPOT-PED (3-	Leuprolide Acetate (3 Month) For Inj	Product removed from the
MONTH)	Pediatric Kit 30 MG	formulary
MAGNESIUM SULFATE	Magnesium Sulfate Inj 50%	Product removed from the formulary
MEKTOVI	Binimetinib Tab 15 MG	Product removed from the formulary
MERREM	Meropenem IV For Soln 500 MG	Product removed from the
		formulary
MERREM	Meropenem IV For Soln 1 GM	Product removed from the formulary
MOZOBIL	Plerixafor Subcutaneous Inj 24	Product removed from the
	MG/1.2ML (20 MG/ML)	formulary
MULPLETA	Lusutrombopag Tab 3 MG	Product removed from the
	· -	formulary
MYCAMINE	Micafungin Sodium For IV Soln 50 MG	Product removed from the
		formulary
MYCAMINE	Micafungin Sodium For IV Soln 100	Product removed from the
	MG	formulary



Product Name	Generic Name	Change
NINLARO	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	Product removed from the formulary
NINLARO	Ixazomib Citrate Cap 3 MG (Base Equivalent)	Product removed from the formulary
NINLARO	Ixazomib Citrate Cap 4 MG (Base Equivalent)	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc- rFVIII) For Inj 250 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc- rFVIII) For Inj 500 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc- rFVIII) For Inj 1000 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc- rFVIII) For Inj 1500 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc- rFVIII) For Inj 2000 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc- rFVIII) For Inj 3000 Unit	Product removed from the formulary
NOVOLOG	Insulin Aspart Inj Soln 100 Unit/ML	Certain generic NDCs removed from the formulary
NOVOLOG FLEXPEN	Insulin Aspart Soln Pen-injector 100 Unit/ML	Certain generic NDCs removed from the formulary
NOVOLOG MIX 70/30	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)	Certain generic NDCs removed from the formulary
NOVOLOG MIX 70/30 FLEXPEN	Insulin Aspart Prot & Aspart Sus Pen- inj 100 Unit/ML (70-30)	Certain generic NDCs removed from the formulary
NOVOLOG PENFILL	Insulin Aspart Soln Cartridge 100 Unit/ML	Certain generic NDCs removed from the formulary
NUBAIN	Nalbuphine HCl Inj 10 MG/ML	Product removed from the formulary
NUBAIN	Nalbuphine HCl Inj 20 MG/ML	Product removed from the formulary
NUCALA	Mepolizumab For Inj 100 MG	Product removed from the formulary
NUCALA	Mepolizumab Subcutaneous Solution Auto-injector 100 MG/ML	Product removed from the formulary



Product Name	Generic Name	Change
NUCALA	Mepolizumab Subcutaneous Solution Pref Syringe 40 MG/0.4ML	Product removed from the formulary
NUCALA	Mepolizumab Subcutaneous Solution Pref Syringe 100 MG/ML	Product removed from the formulary
NULOJIX	Belatacept For IV Infusion 250 MG	Product removed from the formulary
ONCASPAR	Pegaspargase Inj 750 Unit/ML	Product removed from the formulary
OPSUMIT	Macitentan Tab 10 MG	Product removed from the formulary
PEMAZYRE	Pemigatinib Tab 4.5 MG	Product removed from the formulary
PEMAZYRE	Pemigatinib Tab 9 MG	Product removed from the formulary
PEMAZYRE	Pemigatinib Tab 13.5 MG	Product removed from the formulary
PEPCID	Famotidine Inj 40 MG/4ML	Product removed from the formulary
PEPCID	Famotidine Inj 200 MG/20ML	Product removed from the formulary
PEPCID (PF)	Famotidine Preservative Free Inj 20 MG/2ML	Product removed from the formulary
PERJETA	Pertuzumab Soln for IV Infusion 420 MG/14ML (30 MG/ML)	Product removed from the formulary
PHEBURANE	Sodium Phenylbutyrate Oral Pellets 483 MG/GM	Product removed from the formulary
PHENERGAN	Promethazine HCl Inj 25 MG/ML	Product removed from the formulary
PHENERGAN	Promethazine HCl Inj 50 MG/ML	Product removed from the formulary
POLYMYXIN B SULFATE	Polymyxin B Sulfate For Inj 500000 Unit	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 20 MEQ/L (0.15%) in NaCl 0.45% Inj	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 20 MEQ/L (0.149%) in NaCl 0.45% Inj	Product removed from the formulary



Product Name	Generic Name	Change
POTASSIUM CHLORIDE	KCl 0.15% in NaCl 0.9%	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 20 MEQ/L (0.149%) in NaCl 0.9% Inj	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 40 MEQ/L (0.3%) in NaCl 0.9% Inj	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 40 MEQ/L (0.298%) in NaCl 0.9% Inj	Product removed from the formulary
PRIMAXIN IV	Imipenem-Cilastatin Intravenous For Soln 250 MG	Product removed from the formulary
PRIMAXIN IV	Imipenem-Cilastatin Intravenous For Soln 500 MG	Product removed from the formulary
PROCRIT	Epoetin Alfa Inj 40000 Unit/ML	Product removed from the formulary
PROMACTA	Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	Brand product removed from the formulary
PROMACTA	Eltrombopag Olamine Tab 25 MG (Base Equiv)	Brand product removed from the formulary
PROMACTA	Eltrombopag Olamine Tab 50 MG (Base Equiv)	Brand product removed from the formulary
PROMACTA	Eltrombopag Olamine Tab 75 MG (Base Equiv)	Brand product removed from the formulary.
PROMACTA	Eltrombopag Olamine Powder Pack for Susp 25 MG (Base Equiv)	Brand product removed from the formulary
PROMACTA	Eltrombopag Olamine Powder Pack for Susp 12.5 MG (Base Eq)	Brand product removed from the formulary
PROMETHAZINE HCL	Promethazine HCl Oral Soln 6.25 MG/5ML	Product removed from the formulary
QINLOCK	Ripretinib Tab 50 MG	Product removed from the formulary
RECLAST	Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	Product removed from the formulary
RETEVMO	Selpercatinib Cap 40 MG	Product removed from the formulary
RETEVMO	Selpercatinib Cap 80 MG	Product removed from the formulary



Product Name	Generic Name	Change
ROCEPHIN	Ceftriaxone Sodium For Inj 250 MG	Product removed from the formulary
ROCEPHIN	Ceftriaxone Sodium For Inj 500 MG	Product removed from the
		formulary
ROCEPHIN	Ceftriaxone Sodium For Inj 1 GM	Product removed from the
		formulary
ROCEPHIN	Ceftriaxone Sodium For Inj 2 GM	Product removed from the
		formulary
RYCLORA	Dexchlorpheniramine Maleate Oral	Product removed from the
	Soln 2 MG/5ML	formulary
SCEMBLIX	Asciminib HCl Tab 20 MG	Product removed from the
		formulary
SCEMBLIX	Asciminib HCl Tab 40 MG	Product removed from the
		formulary
SCEMBLIX	Asciminib HCl Tab 100 MG	Product removed from the
		formulary
SEMGLEE (YFGN)	Insulin Glargine-yfgn Soln Pen-Injector	Certain generic NDCs removed from
	100 Unit/ML	the formulary
SEMGLEE (YFGN)	Insulin Glargine-yfgn Inj 100 Unit/ML	Certain generic NDCs removed from
		the formulary
SIVEXTRO	Tedizolid Phosphate Tab 200 MG	Product removed from the
		formulary
SODIUM CHLORIDE	Sodium Chloride Inj 0.45%	Product removed from the
		formulary
SODIUM CHLORIDE	Sodium Chloride IV Soln 0.9%	Product removed from the
		formulary
SODIUM CHLORIDE	Sodium Chloride Inj 3%	Product removed from the
		formulary
SODIUM CHLORIDE	Sodium Chloride Inj 5%	Product removed from the
		formulary
SODIUM CHLORIDE	Sodium Chloride IV Soln 4 mEq/ML	Product removed from the
	(23.4%)	formulary
SODIUM CHLORIDE	Sodium Chloride Inj 2.5 mEq/ML	Product removed from the
	(14.6%)	formulary
SOLOSEC	Secnidazole Granules Packet 2 GM	Product removed from the
		formulary
SOLU-CORTEF	Hydrocortisone Sodium Succinate PF	Brand product removed from the
	For Inj 100 MG	formulary
-		



Product Name	Generic Name	Change
SPRYCEL	Dasatinib Tab 20 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 50 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 70 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 80 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 100 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 140 MG	Brand product removed from the formulary
STENDRA	Avanafil Tab 50 MG	Brand product removed from the formulary
STENDRA	Avanafil Tab 100 MG	Brand product removed from the formulary
STENDRA	Avanafil Tab 200 MG	Brand product removed from the formulary
STRENSIQ	Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML	Product removed from the formulary
STRENSIQ	Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML	Product removed from the formulary
STRENSIQ	Asfotase Alfa Subcutaneous Inj 40 MG/ML	Product removed from the formulary
STRENSIQ	Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML	Product removed from the formulary
TABRECTA	Capmatinib HCl Tab 150 MG	Product removed from the formulary
TABRECTA	Capmatinib HCl Tab 200 MG	Product removed from the formulary
TASIGNA	Nilotinib HCl Cap 50 MG (Base Equivalent)	Product removed from the formulary
TASIGNA	Nilotinib HCl Cap 150 MG (Base Equivalent)	Product removed from the formulary
TASIGNA	Nilotinib HCl Cap 200 MG (Base Equivalent)	Product removed from the formulary



Product Name	Generic Name	Change
TAVALISSE	Fostamatinib Disodium Tab 100 MG (Base Equivalent)	Product removed from the formulary
TAVALISSE	Fostamatinib Disodium Tab 150 MG	Product removed from the
	(Base Equivalent)	formulary
THIOLA EC	Tiopronin Tab Delayed Release 100	Product removed from the
	MG	formulary
THIOLA EC	Tiopronin Tab Delayed Release 300	Product removed from the
	MG	formulary
TIBSOVO	Ivosidenib Tab 250 MG	Product removed from the
		formulary
TOBRAMYCIN SULFATE	Tobramycin Sulfate Inj 10 MG/ML	Product removed from the
	(Base Equivalent)	formulary
TOBRAMYCIN SULFATE	Tobramycin Sulfate Inj 80 MG/2ML (40	Product removed from the
	MG/ML)	formulary
TOBRAMYCIN SULFATE	Tobramycin Sulfate Inj 2 GM/50ML (40	Product removed from the
	MG/ML)	formulary
TREANDA	Bendamustine HCl For IV Soln 25 MG	Product removed from the
		formulary
TREANDA	Bendamustine HCl For IV Soln 100 MG	Product removed from the formulary
TRESIBA	Insulin Degludec Inj 100 Unit/ML	Certain generic NDCs removed from the formulary
TRESIBA FLEXTOUCH	Insulin Degludec Soln Pen-Injector 100 Unit/ML	Certain generic NDCs removed from the formulary
TRESIBA FLEXTOUCH	Insulin Degludec Soln Pen-Injector 200 Unit/ML	Certain generic NDCs removed from the formulary
TYGACIL	Tigecycline For IV Soln 50 MG	Product removed from the formulary
UNASYN	Ampicillin & Sulbactam Sodium For Inj 1-0.5 GM	Product removed from the formulary
UNASYN	Ampicillin & Sulbactam Sodium For Inj	Product removed from the
	2-1 GM	formulary
UNASYN	Ampicillin & Sulbactam Sodium For IV	Product removed from the
	Soln 10-5 GM	formulary
VANCOCIN	Vancomycin HCl For IV Soln 500 MG	Product removed from the
	(Base Equivalent)	formulary



Product Name	Generic Name	Change
VANCOCIN	Vancomycin HCl For IV Soln 1 GM (Base Equivalent)	Product removed from the formulary
VANCOCIN	Vancomycin HCl For IV Soln 10 GM (Base Equivalent)	Product removed from the formulary
VERAPAMIL HCL	Verapamil HCl IV Soln 2.5 MG/ML	Product removed from the formulary
VICTOZA	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	Brand product removed from the formulary
VYNDAMAX	Tafamidis Cap 61 MG	Product removed from the formulary
VYNDAQEL	Tafamidis Meglumine (Cardiac) Cap 20 MG	Product removed from the formulary
XARELTO	Rivaroxaban Tab 2.5 MG	Brand product removed from the formulary
XERAVA	Eravacycline Dihydrochloride IV For Soln 50 MG (Base Equiv)	Product removed from the formulary
XERAVA	Eravacycline Dihydrochloride IV For Soln 100 MG (Base Equiv)	Product removed from the formulary
XGEVA	Denosumab Inj 120 MG/1.7ML	Product removed from the formulary
XOLAIR	Omalizumab For Inj 150 MG	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Auto- Injector 75 MG/0.5ML	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Auto- Injector 150 MG/ML	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Auto- Injector 300 MG/2ML	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Prefilled Syringe 75 MG/0.5ML	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	Product removed from the formulary
XPOVIO (100 MG ONCE WEEKLY)	Selinexor Tab Therapy Pack 50 MG (100 MG Once Weekly)	Product removed from the formulary



Product Name	Generic Name	Change
XPOVIO (40 MG ONCE WEEKLY)	Selinexor Tab Therapy Pack 40 MG (40 MG Once Weekly)	Product removed from the formulary
XPOVIO (40 MG TWICE WEEKLY)	Selinexor Tab Therapy Pack 40 MG (40 MG Twice Weekly)	Product removed from the formulary
XPOVIO (60 MG ONCE WEEKLY)	Selinexor Tab Therapy Pack 60 MG (60 MG Once Weekly)	Product removed from the formulary
XPOVIO (60 MG TWICE WEEKLY)	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	Product removed from the formulary
XPOVIO (80 MG ONCE WEEKLY)	Selinexor Tab Therapy Pack 40 MG (80 MG Once Weekly)	Product removed from the formulary
XPOVIO (80 MG TWICE WEEKLY)	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	Product removed from the formulary
XYLOCAINE	Lidocaine HCl Local Inj 0.5%	Product removed from the formulary
XYLOCAINE	Lidocaine HCl Local Inj 1%	Product removed from the formulary
XYLOCAINE-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 0.5%	Product removed from the formulary
XYLOCAINE-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 1%	Product removed from the formulary
XYLOCAINE-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 2%	Product removed from the formulary
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 3000 Unit	Product removed from the formulary
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit	Product removed from the formulary
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit	Product removed from the formulary
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit	Product removed from the formulary
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit	Product removed from the formulary
ZEJULA	Niraparib Tosylate Cap 100 MG (Base Equivalent)	Product removed from the formulary
ZITHROMAX	Azithromycin IV For Soln 500 MG	Product removed from the formulary



Product Name	Generic Name	Change
ZOSYN	Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM)	Product removed from the formulary
ZOSYN	Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)	Product removed from the formulary
ZOSYN	Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)	Product removed from the formulary
ZOSYN	Piperacillin Sod-Tazobactam Sod For Inj 13.5 GM (12-1.5 GM)	Product removed from the formulary
ZOSYN	Piperacillin Sod-Tazobactam Sod For Inj 40.5 GM (36-4.5 GM)	Product removed from the formulary