VIVA Medicare

IMPORTANT 2024 5-TIER SNP FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
KALYDECO GRA 5.8MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packets every 28 days)	2/1/24		
MOUNJARO INJ 2.5/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 5MG/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 7.5/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 10MG/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 12.5/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 15MG/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
ROZLYTREK PAK 50MG	5	Formulary Addition	Prior Authorization Required, Quantity	2/1/24		

October 2024
Revised September 17, 2024

			Limit (336 packets every 28 days)			
ZURZUVAE CAP 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 14 days)	2/1/24		
ZURZUVAE CAP 25MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 14 days)	2/1/24		
XALKORI CAP 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (240 caps every 30 days)	2/1/24		
XALKORI CAP 150MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (180 caps every 30 days)	2/1/24		
ZURZUVAE CAP 30MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (14 caps every 14 days)	2/1/24		
XALKORI CAP 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (120 caps every 30 days)	2/1/24		
CEFACLOR SUS 125/5ML	4	Formulary Removal		2/1/24	CEFACLOR SUS 250MG/5ML	Tier 4
CEFACLOR SUS 375/5ML	4	Formulary Removal		2/1/24	CEFACLOR SUS 250MG/5ML	Tier 4
CEFTAZIDIME/ SOL D5W 1GM	4	Formulary Removal		2/1/24	CEFTAZIDIME INJ	Tier 4

CEFTAZIDIME/ SOL D5W 2GM	4	Formulary Removal		2/1/24	CEFTAZIDIME INJ	Tier 4
CIPROFLOXACN TAB 100MG	4	Formulary Removal		2/1/24	CIPROFLOXACIN HCL TAB 250 MG	Tier 1
CLINDAMYCIN INJ 300/2ML	3	Formulary Removal		2/1/24	CLINDAMYCIN INJ 600MG/4ML	Tier 3
NEVIRAPINE TAB 100MG	4	Formulary Removal		2/1/24	NEVIRAPINE TAB ER 400MG	Tier 4
OLOPATADINE DRO 0.1%	3	Formulary Removal		2/1/24	AZELASTINE HCL OPHTH SOLN 0.05%	Tier 3
SYMJEPI INJ 0.15MG	4	Formulary Removal		2/1/24	EPINEPHRINE INJ 0.15MG	Tier 3
SYMJEPI INJ 0.3MG	4	Formulary Removal		2/1/24	EPINEPHRINE INJ 0.3MG	Tier 3
SYNRIBO INJ 3.5MG	5	Formulary Removal		2/1/24	ICLUSIG TAB; SCEMBLIX TAB	Tier 5
FRUZAQLA CAP 1MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (84 caps every 28 days)	3/1/24		
FRUZAQLA CAP 5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (21 caps every 28 days)	3/1/24		
TRUQAP TAB 160MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (64 tabs every 28 days)	3/1/24		
TRUQAP TAB 200MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (64 tabs every 28 days)	3/1/24		

AUGTYRO CAP 40MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (240 caps every 30 days)	3/1/24		
ZEMAIRA INJ 4000MG	5	Formulary Addition	Prior Authorization Required	3/1/24		
ZEMAIRA INJ 5000MG	5	Formulary Addition	Prior Authorization Required	3/1/24		
MORPHINE SUL INJ 50MG/ML	4	Formulary Addition	Prior Authorization Required	3/1/24		
OGSIVEO TAB 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (180 tabs every 30 days)	3/1/24		
AUVELITY TAB 45-105MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	3/1/24		
NORELGE/ETHI DIS 150/35	4	Formulary Addition		3/1/24		
PENBRAYA INJ	1	Formulary Addition		3/1/24		
BROMFENAC DRO 0.07% OP	3	Formulary Addition		3/1/24		
KLAYESTA POW 100000	3	Formulary Addition	Quantity Limit (60 gm every 30 days)	3/1/24		
FLEBOGAMMA INJ DIF 5%	5	Formulary Removal		3/1/24	OCTAGAM INJ 2.5GM/50ML	Tier 5
FLEBOGAMMA INJ 10/100ML	5	Formulary Removal		3/1/24	BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML	Tier 5

FLEBOGAMMA INJ 20/200ML	5	Formulary Removal		3/1/24	GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML	Tier 5
AMABELZ TAB 1-0.5MG	3	Formulary Removal		3/1/24	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG	Tier 3
PEN G PROC INJ 600000	4	Formulary Removal		3/1/24	PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT	Tier 4
FLEBOGAMMA INJ 5GM/50ML	5	Formulary Removal		3/1/24	BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML	Tier 5
GVOKE PFS INJ	3	Formulary Removal		3/1/24	GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYPOPEN; GVOKE KIT	Tier 3
VANADOM TAB 350MG	3	Formulary Removal		3/1/24	CARISOPRODOL TAB 350 MG	Tier 3
PEMAZYRE TAB 4.5MG	5	Quantity Limit Change	Quantity Limit (28 tabs every 28 days)	3/1/24		
PEMAZYRE TAB 13.5MG	5	Quantity Limit Change	Quantity Limit (28 tabs every 28 days)	3/1/24		
PEMAZYRE TAB 9MG	5	Quantity Limit Change	Quantity Limit (28 tabs every 28 days)	3/1/24		
MIFEPRISTONE TAB 300MG	5	Formulary Addition	Prior Authorization Required	4/1/24		
OMNIPOD 5 G7 KIT INTRO	4	Formulary Addition	Prior Authorization Required, Quantity Limit (1 kit every year)	4/1/24		
OMNIPOD 5 G7 MIS PODS	4	Formulary Addition	Prior Authorization Required, Quantity	4/1/24		

			Limit (15 pods every 30 days)			
BOSULIF CAP 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (150 caps every 25 days)	4/1/24		
IWILFIN TAB 192MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (240 tabs every 30 days)	4/1/24		
LIDOCAN III PAD 5%	4	Formulary Addition	Prior Authorization Required, Quantity Limit (3 patches every 1 day)	4/1/24		
BOSULIF CAP 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (360 caps every 30 days)	4/1/24		
DABIGATRAN CAP 110MG	4	Formulary Addition	Quantity Limit (120 caps every 30 days)	4/1/24		
RISPERIDONE INJ 12.5MG	4	Formulary Addition	Quantity Limit (2 injections every 28 days)	4/1/24		
RISPERIDONE INJ 25MG ER	4	Formulary Addition	Quantity Limit (2 injections every 28 days)	4/1/24		
RISPERIDONE INJ 37.5MG	5	Formulary Addition	Quantity Limit (2 injections every 28 days)	4/1/24		
RISPERIDONE INJ 50MG ER	5	Formulary Addition	Quantity Limit (2 injections every 28 days)	4/1/24		

PAXLOVID TAB 150-100	3	Formulary Addition	Quantity Limit (40 tabs every 30 days)	4/1/24		
PAXLOVID TAB 300-100	3	Formulary Addition	Quantity Limit (60 tabs every 30 days)	4/1/24		
ZENPEP CAP 60000UNT	4	Formulary Addition		4/1/24		
BROMFENAC DRO 0.075%	4	Formulary Addition		4/1/24		
SODIUM/POTAS SOL MAGNESIU	3	Formulary Addition		4/1/24		
HUMIRA PEN INJ CD/UC/HS	5	Formulary Removal		4/1/24	HUMIRA PEN INJ 40MG/0.8ML	Tier 5
PAROMOMYCIN CAP 250MG	4	Formulary Removal		4/1/24	Consult Your Health Care Provider	
DULERA AER 50-5MCG	4	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	4/1/24		
DULERA AER 200-5MCG	4	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	4/1/24		
DULERA AER 100-5MCG	4	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	4/1/24		
XOLAIR INJ 75/0.5	5	Formulary Addition	Prior Authorization Required	5/1/24		
XOLAIR INJ 150MG/ML	5	Formulary Addition	Prior Authorization Required	5/1/24		
XOLAIR INJ 300/2ML	5	Formulary Addition	Prior Authorization Required	5/1/24		
XOLAIR INJ 300/2ML	5	Formulary Addition	Prior Authorization Required	5/1/24		

VIGPODER POW 500MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (180 packets every 30 days)	5/1/24		
LANTHANUM CHW 750MG	3	Formulary Addition	Quantity Limit (180 tabs every 30 days)	5/1/24		
NITROGLYCERI OIN 0.4%	4	Formulary Addition	Quantity Limit (30 gm every 30 days)	5/1/24		
LANTHANUM CHW 500MG	3	Formulary Addition	Quantity Limit (90 tabs every 30 days)	5/1/24		
LANTHANUM CHW 1000MG	3	Formulary Addition	Quantity Limit (90 tabs every 30 days)	5/1/24		
NAPROXEN DR TAB 500MG	4	Formulary Addition	Quantity Limit (90 tabs every 30 days)	5/1/24		
MIEBO DRO 1.3GM/ML	3	Formulary Addition		5/1/24		
LOTEPREDNOL SUS 0.2%	3	Formulary Addition		5/1/24		
IXCHIQ INJ	1	Formulary Addition		5/1/24		
CEFAZOLIN INJ 3GM	3	Formulary Addition		5/1/24		
EC-NAPROXEN TAB 500MG	4	Formulary Removal		5/1/24		
EMCYT CAP 140MG	5	Formulary Removal		5/1/24	Consult Your Health Care Provider	
RISPERDAL INJ 12.5MG	4	Formulary Removal		5/1/24	RISPERIDONE INJ 12.5MG ER	Tier 4
RISPERDAL INJ 25MG	4	Formulary Removal		5/1/24	RISPERIDONE INJ 25MG ER	Tier 4
RISPERDAL INJ 37.5MG	5	Formulary Removal		5/1/24	RISPERIDONE INJ 37.5MG ER	Tier 5

RISPERDAL INJ 50MG	5	Formulary Removal		5/1/24	RISPERIDONE INJ 50MG ER	Tier 5
VOTRIENT TAB 200MG	5	Formulary Removal		5/1/24	PAZOPANIB HCL TAB 200 MG	Tier 5
HEPARIN SOD INJ 1000/ML	3	Formulary Addition	Prior Authorization Required	6/1/24		
TREMFYA INJ 100MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 pen every 28 days)	6/1/24		
TREMFYA INJ 100MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 28 days)	6/1/24		
ALVAIZ TAB 9MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	6/1/24		
ALVAIZ TAB 54MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	6/1/24		
ALVAIZ TAB 18MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (90 tabs every 30 days)	6/1/24		
ALVAIZ TAB 36MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (90 tabs every 30 days)	6/1/24		
NEXLETOL TAB 180MG	3	Formulary Addition	Quantity Limit (30 tabs every 30 days)	6/1/24		

NEXLIZET TAB 180/10MG	3	Formulary Addition	Quantity Limit (30 tabs every 30 days)	6/1/24		
CLINDAMYCIN GEL 1%	3	Formulary Addition	Quantity Limit (75 gm every 30 days)	6/1/24		
DEXAMETH PHO INJ 4MG/ML	3	Formulary Addition		6/1/24		
VANCOMYCIN INJ 500MG	4	Formulary Addition		6/1/24		
VANCOMYCIN INJ 1 GM	4	Formulary Addition		6/1/24		
VANCOMYCIN INJ 5GM	4	Formulary Addition		6/1/24		
VANCOMYCIN INJ 10GM	4	Formulary Addition		6/1/24		
EMZAHH TAB 0.35MG	2	Formulary Addition		6/1/24		
VRAYLAR CAP 1.5-3MG	4	Formulary Removal		6/1/24	VRAYLAR CAP	Tier 4
CLOTRIMAZOLE SOL 1%	3	Quantity Limit Change	Quantity Limit (60 mL every 30 days)	6/1/24		
HUMIRA INJ 20/0.2ML	5	Quantity Limit Change	Quantity Limit (4 syringes every 28 days)	6/1/24		
JYLAMVO SOL 2MG/ML	4	Formulary Addition	Prior Authorization Required	7/1/24		
ALVESCO AER 80MCG	4	Formulary Addition	Quantity Limit (3 inhalers every 30 days)	7/1/24		
ALVESCO AER 160MCG	4	Formulary Addition	Quantity Limit (2 inhalers every 30 days)	7/1/24		

AMABELZ TAB 0.5-0.1	3	Formulary Removal		7/1/24	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3
THALOMID CAP 100MG	5	Quantity Limit Change	Quantity Limit (112 caps every 28 days)	7/1/24		
THALOMID CAP 50MG	5	Quantity Limit Change	Quantity Limit (84 caps every 28 days)	7/1/24		
OJEMDA TAB 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (24 tabs every 28 days)	8/1/24		
AUSTEDO XR TAB 30MG ER	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	8/1/24		
AUSTEDO XR TAB 36MG ER	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	8/1/24		
AUSTEDO XR TAB 42MG ER	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	8/1/24		
AUSTEDO XR TAB 48MG ER	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	8/1/24		
OGSIVEO TAB 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 tabs every 28 days)	8/1/24		

OGSIVEO TAB 150MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 tabs every 28 days)	8/1/24		
OJEMDA SUS 25MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (96 mL every 28 days)	8/1/24		
XCOPRI TAB 25MG	5	Formulary Addition	Quantity Limit (30 tabs every 30 days)	8/1/24		
VARENICLINE TAB 1MG	4	Formulary Addition	Quantity Limit (56 tabs every 28 days)	8/1/24		
ALYGLO INJ 5GM/50ML	5	Formulary Addition	Prior Authorization Required	8/1/24		
ALYGLO INJ 10/100ML	5	Formulary Addition	Prior Authorization Required	8/1/24		
ALYGLO INJ 20/200ML	5	Formulary Addition	Prior Authorization Required	8/1/24		
CYCLOPHOSPH INJ 500/5ML	5	Formulary Addition	Prior Authorization Required	8/1/24		
CYCLOPHOSPH INJ 1000MG	5	Formulary Addition	Prior Authorization Required	8/1/24		
CYCLOPHOSPH INJ 2000MG	5	Formulary Addition	Prior Authorization Required	8/1/24		
FASENRA INJ 10MG/0.5	5	Formulary Addition	Prior Authorization Required	8/1/24		
LANREOTIDE INJ 120/.5ML	5	Formulary Addition	Prior Authorization Required	8/1/24		
PROCTOCORT CRE 1%	3	Formulary Addition		8/1/24		
LIBERVANT MIS 5MG	4	Formulary Addition		8/1/24		

LIBERVANT MIS 7.5MG	4	Formulary Addition		8/1/24		
LIBERVANT MIS 10MG	4	Formulary Addition		8/1/24		
LIBERVANT MIS 12.5MG	4	Formulary Addition		8/1/24		
LIBERVANT MIS 15MG	4	Formulary Addition		8/1/24		
VANCOMYCIN INJ 1.25GM	4	Formulary Addition		8/1/24		
VANCOMYCIN INJ 1.5GM	4	Formulary Addition		8/1/24		
EXKIVITY CAP 40MG	5	Formulary Removal		8/1/24	Consult Your Health Care Provider	
HUMIRA PEDIA INJ CROHNS	5	Formulary Removal		8/1/24	HUMIRA PEN STARTER KIT CD/UC/HS	Tier 5
HUMIRA PEDIA INJ CROHNS	5	Formulary Removal		8/1/24	HUMIRA PEN STARTER KIT CD/UC/HS	Tier 5
HUMIRA PEN INJ PS/UV	5	Formulary Removal		8/1/24	HUMIRA PEN INJ KIT 40 MG/0.8ML	Tier 5
DRIZALMA CAP 20MG DR	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 ea every 30 days)	9/1/24		
DRIZALMA CAP 30MG DR	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 ea every 30 days)	9/1/24		
DRIZALMA CAP 40MG DR	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 ea every 30 days)	9/1/24		

DRIZALMA CAP 60MG DR	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 ea every 30 days)	9/1/24		
RINVOQ LQ SOL 1MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (360 mL every 30 days)	9/1/24		
SCEMBLIX TAB 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (120 tabs every 30 days)	9/1/24		
XDEMVY DRO 0.25%	5	Formulary Addition	Prior Authorization Required	9/1/24		
L-GLUTAMINE POW 5GM	5	Formulary Addition	Prior Authorization Required	9/1/24		
KIONEX SUS 15GM/60	3	Formulary Addition		9/1/24		
POT CHLORIDE INJ 10MEQ	3	Formulary Addition		9/1/24		
CYCLOPHOSPHA INJ 2GM/4ML	5	Formulary Removal		9/1/24	CYCLOPHOSPHAMIDE INJ 2GM/10ML	Tier 5
CYCLOSPORINE INJ 50MG/ML	4	Formulary Removal		9/1/24	Consult Your Health Care Provider	
TAZTIA XT CAP 120MG/24	2	Formulary Removal		9/1/24	DILTIAZEM HCL ER BEADS CAP; TIADYLT CAP	Tier 2
TAZTIA XT CAP 180MG/24	2	Formulary Removal		9/1/24	DILTIAZEM HCL ER BEADS CAP; TIADYLT CAP	Tier 2
TAZTIA XT CAP 240MG/24	2	Formulary Removal		9/1/24	DILTIAZEM HCL ER BEADS CAP; TIADYLT CAP	Tier 2
TAZTIA XT CAP 300MG ER	2	Formulary Removal		9/1/24	DILTIAZEM HCL ER BEADS CAP; TIADYLT CAP	Tier 2

TAZTIA XT CAP 360MG/24	2	Formulary Removal		9/1/24	DILTIAZEM HCL ER BEADS CAP; TIADYLT CAP	Tier 2
ZEJULA CAP 100MG	5	Formulary Removal		9/1/24	ZEJULA TAB	Tier 5
TRIDACAINE PAD 5%	4	Formulary Addition	Prior Authorization Required	10/1/2024		
MRESVIA INJ 50MCG	1	Formulary Addition		10/1/2024		
NALOXONE HCL SOL 0.4MG/ML	2	Formulary Addition		10/1/2024		
ENTRESTO CAP 6-6MG	3	Formulary Addition	Quantity Limit: 240 caps every 30 days	10/1/2024		
ENTRESTO CAP 15-16MG	3	Formulary Addition	Quantity Limit: 240 caps every 30 days	10/1/2024		
BENDAMUSTINE SOL 100/4ML	5	Formulary Addition	Prior Authorization Required	10/1/2024		
AUSTEDO XR TAB 18MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 60 tabs every 30 days	10/1/2024		
AUSTEDO XR TAB TITR KIT	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 2 packs every year	10/1/2024		
IVABRADINE TAB 5MG	4	Formulary Addition	Quantity Limit: 60 tabs every 30 days	10/1/2024		
IVABRADINE TAB 7.5MG	4	Formulary Addition	Quantity Limit: 60 tabs every 30 days	10/1/2024		
DOXORUBICIN INJ 2MG/ML	4	Formulary Addition	Prior Authorization Required	10/1/2024		
OTEZLA TAB 20MG	5	Formulary Addition	Prior Authorization Required; Quantity	10/1/2024		

			Limit: 60 tabs every 30 days			
OTEZLA TAB 10/20	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 110 tabs every year	10/1/2024		
TALTZ INJ 20/0.25	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 1 syringe every 28 days	10/1/2024		
TALTZ INJ 40/0.5ML	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 1 syringe every 28 days	10/1/2024		
TORPENZ TAB 2.5MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 30 tabs every 30 days	10/1/2024		
TORPENZ TAB 5MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 30 tabs every 30 days	10/1/2024		
TORPENZ TAB 7.5MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 30 tabs every 30 days	10/1/2024		
TORPENZ TAB 10MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 30 tabs every 30 days	10/1/2024		
RETEVMO TAB 40MG	5	Formulary Addition	Prior Authorization Required; Quantity	10/1/2024		

			Limit: 90 tabs every 30 days			
RETEVMO TAB 160MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 60 tabs every 30 days	10/1/2024		
RETEVMO TAB 80MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 60 tabs every 30 days	10/1/2024		
RETEVMO TAB 120MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit: 60 tabs every 30 days	10/1/2024		
DICLOFENAC SOL 1.5%	3	Formulary Addition	Quantity Limit: 300 mL every 28 days	10/1/2024		
LEXIVA SUS 50MG/ML	4	Formulary Removal		10/1/2024	FOSAMPRENAVIR TAB 700 MG	Tier 5
AMOX/K CLAV CHW 200MG	4	Formulary Removal		10/1/2024	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML	Tier 2
ZOLEDRONIC INJ 4MG/100	4	Formulary Removal		10/1/2024	ZOLEDRONIC ACID INJ 4MG/5ML	Tier 2
ERYTHROCIN TAB 250MG	4	Formulary Removal		10/1/2024	ERYTHROMYCIN TAB 250MG EC	Tier 2