FREEDOM HEALTH

Formulary Changes- December 2022

The table below outlines formulary changes for the AFC Enhanced Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
12/1/2022	IMBRUVICA 70 MG/ML SUSPENSION	Formulary Addition		Tier 4	PA; QL (216 per 27 days)
12/1/2022	JAVYGTOR 500 MG PACKET	Formulary Addition		Tier 4	PA
12/1/2022	KETOPROFEN 50 MG CAP	Formulary Addition		Tier 1	
12/1/2022	TAZAROTENE 0.05 % GEL	Formulary Addition		Tier 3	PA
12/1/2022	TAZAROTENE 0.1 % GEL	Formulary Addition		Tier 3	PA
12/1/2022	VENLAFAXINE BESYLATE ER 112.5 MG TAB ER 24H	Formulary Addition		Tier 3	
12/1/2022	CAZIANT 0.1/0.125/0.15 -0.025 MG TAB	Deletion – No longer covered under Medicare Part D	VELIVET 0.1/0.125/0.15 -0.025 MG TAB	Tier 1	
12/1/2022	TEKTURNA HCT 150-25 MG TAB	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		

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**Please refer to the description of your plan for copay/coinsurance amounts.
***Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.

FREEDOM HEALTH

Formulary Changes- November 2022

The table below outlines formulary changes for the AFC Enhanced Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
11/1/2022	JAVYGTOR 100 MG TAB	Formulary Addition		Tier 4	PA
11/1/2022	LENALIDOMIDE 2.5 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
11/1/2022	LENALIDOMIDE 20 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
11/1/2022	MEGESTROL ACETATE 800 MG/20ML SUSPENSION	Formulary Addition		Tier 2	PA
11/1/2022	MORPHINE SULFATE (CONCENTRATE) 10 MG/0.5ML SOLUTION	Formulary Addition		Tier 1	QL (180 per 30 days)
11/1/2022	ORKAMBI 75-94 MG PACKET	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
11/1/2022	PENTACEL RECON SUSP	Formulary Addition		Tier 3	
11/1/2022	PIRFENIDONE 534 MG TAB	Formulary Addition		Tier 4	PA; QL (90 per 30 days)
11/1/2022	QUADRACEL 0.5 ML SUSP PRSYR	Formulary Addition		Tier 3	
11/1/2022	QUETIAPINE FUMARATE 150 MG TAB	Formulary Addition		Tier 1	QL (90 per 30 days)
11/1/2022	SKYRIZI 360 MG/2.4ML SOLN CART	Formulary Addition		Tier 4	PA; QL (2.4 per 56 days)

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******Please refer to the description of your plan for copay/coinsurance amounts.
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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
11/1/2022	SKYRIZI 600 MG/10ML SOLUTION	Formulary Addition		Tier 4	PA; QL (10 per 28 days)
11/1/2022	ZTALMY 50 MG/ML SUSPENSION	Formulary Addition		Tier 4	QL (1100 per 30 days)
11/1/2022	PEPAXTO 20 MG RECON SOLN	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		

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FREEDOM HEALTH

Formulary Changes- October 2022

The table below outlines formulary changes for the AFC Enhanced Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
10/1/2022	CAPLYTA 10.5 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
10/1/2022	CAPLYTA 21 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
10/1/2022	CIMETIDINE HCL 400 MG/6.67ML SOLUTION	Formulary Addition		Tier 1	
10/1/2022	JAVYGTOR 100 MG PACKET	Formulary Addition		Tier 4	PA
10/1/2022	NURTEC 75 MG TAB DISP	Formulary Addition		Tier 4	PA; QL (16 per 30 days)
10/1/2022	OLANZAPINE-FLUOXETINE HCL 12-25 MG CAP	Formulary Addition		Tier 3	QL (30 per 30 days)
10/1/2022	OLANZAPINE-FLUOXETINE HCL 12-50 MG CAP	Formulary Addition		Tier 3	QL (30 per 30 days)
10/1/2022	OLANZAPINE-FLUOXETINE HCL 3-25 MG CAP	Formulary Addition		Tier 3	QL (90 per 30 days)
10/1/2022	OLANZAPINE-FLUOXETINE HCL 6-25 MG CAP	Formulary Addition		Tier 3	QL (90 per 30 days)
10/1/2022	OLANZAPINE-FLUOXETINE HCL 6-50 MG CAP	Formulary Addition		Tier 3	QL (30 per 30 days)
10/1/2022	PIPERACILLIN SOD-TAZOBACTAM SO 3-0.375 GM RECON SOLN	Formulary Addition		Tier 3	
10/1/2022	PRIORIX RECON SUSP	Formulary Addition		Tier 3	

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FREEDOM HEALTH

Formulary Changes- September 2022

The table below outlines formulary changes for the AFC Enhanced Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
9/1/2022	BEXAROTENE 1 % GEL	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
9/1/2022	DABIGATRAN ETEXILATE MESYLATE 150 MG CAP	Formulary Addition		Tier 3	QL (60 per 30 days)
9/1/2022	DABIGATRAN ETEXILATE MESYLATE 75 MG CAP	Formulary Addition		Tier 3	QL (60 per 30 days)
9/1/2022	LACOSAMIDE 10 MG/ML SOLUTION	Formulary Addition		Tier 3	QL (1200 per 30 days)
9/1/2022	NUCALA 40 MG/0.4ML SOLN PRSYR	Formulary Addition		Tier 4	PA
9/1/2022	PEMETREXED DISODIUM 100 MG RECON SOLN	Formulary Addition		Tier 4	PA
9/1/2022	PEMETREXED DISODIUM 1000 MG RECON SOLN	Formulary Addition		Tier 4	PA
9/1/2022	PEMETREXED DISODIUM 500 MG RECON SOLN	Formulary Addition		Tier 4	PA
9/1/2022	PEMETREXED DISODIUM 750 MG RECON SOLN	Formulary Addition		Tier 4	PA
9/1/2022	SORAFENIB TOSYLATE 200 MG TAB	Formulary Addition		Tier 4	PA; QL (120 per 30 days)
9/1/2022	TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	Formulary Addition		Tier 2	
9/1/2022	TRIZIVIR 300-150-300 MG TAB	Formulary Addition		Tier 4	QL (60 per 30 days)
9/1/2022	VILAZODONE HCL 10 MG TAB	Formulary Addition		Tier 3	QL (30 per 30 days)

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**Please refer to the description of your plan for copay/coinsurance amounts.
***Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
9/1/2022	VILAZODONE HCL 20 MG TAB	Formulary Addition		Tier 3	QL (30 per 30 days)
9/1/2022	VILAZODONE HCL 40 MG TAB	Formulary Addition		Tier 3	QL (30 per 30 days)
9/1/2022	VONJO 100 MG CAP	Formulary Addition		Tier 4	PA; QL (120 per 30 days)
9/1/2022	APTIVUS 100 MG/ML SOLUTION	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
9/1/2022	BLEPHAMIDE 10-0.2 % SUSPENSION	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
9/1/2022	OKEBO 75 MG CAP	Deletion - Manufacturer Discontinuation	DOXYCYCLINE MONOHYDRATE CAP	Tier 1	
9/1/2022	PREVIFEM 0.25-35 MG-MCG TAB	Deletion – No longer covered under Medicare Part D	NORGESTIMATE/ETHINYL ESTRADIOL TAB	Tier 1	
9/1/2022	TULANA 0.35 MG TAB	Deletion – No longer covered under Medicare Part D	NORETHINDRONE TAB	Tier 1	
9/1/2022	UKONIQ 200 MG TAB	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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FREEDOM HEALTH

Formulary Changes- July 2022

The table below outlines formulary changes for the AFC Enhanced Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
7/1/2022	LACOSAMIDE 100 MG TAB	Formulary Addition		Tier 3	QL (60 per 30 days)
7/1/2022	LACOSAMIDE 150 MG TAB	Formulary Addition		Tier 3	QL (60 per 30 days)
7/1/2022	LACOSAMIDE 200 MG TAB	Formulary Addition		Tier 3	QL (60 per 30 days)
7/1/2022	PIRFENIDONE 267 MG TAB	Formulary Addition		Tier 4	PA; QL (270 per 30 days)
7/1/2022	PIRFENIDONE 801 MG TAB	Formulary Addition		Tier 4	PA; QL (90 per 30 days)
7/1/2022	VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 MISC	Formulary Addition		Tier 3	PA
7/1/2022	ZOLEDRONIC ACID 4 MG/5ML CONC	Formulary Addition		Tier 2	PA
7/1/2022	ZOLEDRONIC ACID 5 MG/100ML SOLUTION	Formulary Addition		Tier 2	PA
7/1/2022	NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	Tier Change		Tier 1	
7/1/2022	CORTISONE ACETATE 25 MG TAB	Deletion - No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
7/1/2022	PAROEX 0.12 % SOLUTION	Deletion - No longer covered under Medicare Part D	CHLORHEXIDINE GLUCONATE	Tier 1	

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FREEDOM HEALTH

Formulary Changes- June 2022

The table below outlines formulary changes for the AFC Enhanced Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
06/01/22	CEFAZOLIN SODIUM 2 GM RECON SOLN	Formulary Addition		Tier 3	
06/01/22	NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	Formulary Addition		Tier 1	
06/01/22	OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	Formulary Addition		Tier 2	
06/01/22	PIPERACILLIN SOD-TAZOBACTAM SO 4-0.5 GM RECON SOLN	Formulary Addition		Tier 3	
06/01/22	TRIUMEQ PD 60-5-30 MG TAB SOL	Formulary Addition		Tier 4	QL (180 per 30 days)
06/01/22	VANCOMYCIN HCL 100 GM RECON SOLN	PA change		Tier 2	
06/01/22	VANCOMYCIN HCL 750 MG RECON SOLN	PA change		Tier 2	
06/01/22	DECADRON 0.5 MG TAB	Deletion – Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
06/01/22	DECADRON 0.75 MG TAB	Deletion – Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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******Please refer to the description of your plan for copay/coinsurance amounts.
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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
06/01/22	DECADRON 4 MG TAB	Deletion – Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
06/01/22	DECADRON 6 MG TAB	Deletion – Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
06/01/22	FARYDAK CAP	Deletion – Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
06/01/22	KETOPROFEN 75 MG CAP	Deletion – Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
06/01/22	TRI-PREVIFEM 0.18/0.215/0.25 MG-35 MCG TAB	Deletion – Manufacturer Discontinuation	NORGESTIMATE/ETHINYL ESTRADIOL TABLET	Tier 1	

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FREEDOM HEALTH

Formulary Changes- May 2022

The table below outlines formulary changes for the AFC Enhanced Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
05/01/22	AMPHOTERICIN B LIPOSOME 50 MG RECON SUSP	Formulary Addition		Tier 4	PA
05/01/22	APOMORPHINE HCL 30 MG/3ML SOLN CART	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
05/01/22	BETAINE POWDER	Formulary Addition		Tier 4	
05/01/22	BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	Formulary Addition		Tier 2	QL (10.7 per 30 days)
05/01/22	CYCLOSPORINE 0.05 % EMULSION	Formulary Addition		Tier 3	QL (60 per 30 days)
05/01/22	DEFERIPRONE 1000 MG TAB	Formulary Addition		Tier 4	PA
05/01/22	DESCOVY 120-15 MG TAB	Formulary Addition		Tier 4	QL (30 per 30 days)
05/01/22	DEXTROSE-SODIUM CHLORIDE 5-0.225 % SOLUTION	Formulary Addition		Tier 2	
05/01/22	ERYTHROMYCIN LACTOBIONATE 500 MG RECON SOLN	Formulary Addition		Tier 3	
05/01/22	INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	Formulary Addition		Tier 3	
05/01/22	INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	Formulary Addition		Tier 3	
05/01/22	LACOSAMIDE 100 MG TAB	Formulary Addition		Tier 4	QL (60 per 30 days)
05/01/22	LACOSAMIDE 150 MG TAB	Formulary Addition		Tier 4	QL (60 per 30 days)

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***Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
Effective Date	**Drug Name**	**Reason**	**Alternative Drug***	**Drug Copay****	**Restrictions*****
05/01/22	LACOSAMIDE 200 MG TAB	Formulary Addition		Tier 4	QL (60 per 30 days)
05/01/22	LACOSAMIDE 50 MG TAB	Formulary Addition		Tier 3	QL (60 per 30 days)
05/01/22	LENALIDOMIDE 10 MG CAP	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
05/01/22	LENALIDOMIDE 15 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
05/01/22	LENALIDOMIDE 25 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
05/01/22	LENALIDOMIDE 5 MG CAP	Formulary Addition		Tier 4	PA; QL (150 per 30 days)
05/01/22	MAVYRET 50-20 MG PACKET	Formulary Addition		Tier 4	PA; QL (180 per 30 days)
05/01/22	RINVOQ 45 MG TAB ER 24H	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
05/01/22	SOAANZ 40 MG TAB	Formulary Addition		Tier 1	
05/01/22	SOAANZ 60 MG TAB	Formulary Addition		Tier 1	
05/01/22	TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	Formulary Addition		Tier 2	
05/01/22	TYPHIM VI 25 MCG/0.5ML SOLN PRSYR	Formulary Addition		Tier 2	
05/01/22	VITAMIN D (ERGOCALCIFEROL) 50000 UNIT CAP	Formulary Addition		Tier 1	QL (4 per 30 days)
05/01/22	FARXIGA 10 MG TAB	Tier Change		Tier 2	QL (30 per 30 days)

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
05/01/22	FARXIGA 5 MG TAB	Tier Change		Tier 2	QL (30 per 30 days)

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FREEDOM HEALTH

Formulary Changes- April 2022

The table below outlines formulary changes for the AFC Enhanced Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
04/01/22	CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-200-75 MG TAB	Formulary Addition		Tier 2	
04/01/22	HUMIRA PEN 80 MG/0.8ML PEN KIT	Formulary Addition		Tier 4	PA; QL (6 per 84 days)
04/01/22	INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Formulary Addition		Tier 5	
04/01/22	LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	Formulary Addition		Tier 4	PA
04/01/22	MARAVIROC 150 MG TAB	Formulary Addition		Tier 4	QL (120 per 30 days)
04/01/22	MARAVIROC 300 MG TAB	Formulary Addition		Tier 4	QL (120 per 30 days)
04/01/22	PROCRIT 10000 UNIT/ML SOLUTION	Formulary Addition		Tier 2	PA
04/01/22	PROCRIT 2000 UNIT/ML SOLUTION	Formulary Addition		Tier 2	PA
04/01/22	PROCRIT 20000 UNIT/ML SOLUTION	Formulary Addition		Tier 2	PA
04/01/22	PROCRIT 3000 UNIT/ML SOLUTION	Formulary Addition		Tier 2	PA
04/01/22	PROCRIT 4000 UNIT/ML SOLUTION	Formulary Addition		Tier 2	PA
04/01/22	PROCRIT 40000 UNIT/ML SOLUTION	Formulary Addition		Tier 2	PA
04/01/22	SKYRIZI PEN 150 MG/ML SOLN A-INJ	Formulary Addition		Tier 4	PA; QL (6 per 365 days)
04/01/22	TALZENNA 0.5 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
04/01/22	TALZENNA 0.75 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
04/01/22	BEKYREE 0.15-0.02/0.01 MG (21/5) TAB	No longer covered under Part D	DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.02/0.01 MG (21/5) TAB		
04/01/22	FREAMINE HBC 6.9 % SOLUTION	No longer covered under Part D	Please talk to your health care provider about an alternative that may be right for you		
04/01/22	PHENADOZ 25 MG SUPPOS	No longer covered under Part D	Please talk to your health care provider about an alternative that may be right for you		

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FREEDOM HEALTH

Formulary Changes- March 2022

The table below outlines formulary changes for the AFC Enhanced Formulary

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
03/01/2022	BESREMI 500 MCG/ML SOLN PRSYR	Formulary Addition		Tier 4	PA
03/01/2022	EPRONTIA 25 MG/ML SOLUTION	Formulary Addition		Tier 3	
03/01/2022	EVEROLIMUS 1 MG TAB	Formulary Addition		Tier 4	B/D PA
03/01/2022	EXKIVITY 40 MG CAP	Formulary Addition		Tier 4	PA; QL (120 per 30 days)
03/01/2022	MICROGESTIN 24 FE 1-20 MG-MCG TAB	Formulary Addition		Tier 1	
03/01/2022	NALOXONE HCL 4 MG/0.1ML LIQUID	Formulary Addition		Tier 3	
03/01/2022	NYLIA 1/35 1-35 MG-MCG TAB	Formulary Addition		Tier 1	
03/01/2022	SCEMBLIX 20 MG TAB	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
03/01/2022	SCEMBLIX 40 MG TAB	Formulary Addition		Tier 4	PA; QL (300 per 30 days)
03/01/2022	DEXPAK 10 DAY 1.5 MG (35) TAB THPK	Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
03/01/2022	DEXPAK 13 DAY 1.5 MG (51) TAB THPK	Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
03/01/2022	DEXPAK 6 DAY 1.5 MG (21) TAB THPK	Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
03/01/2022	KETOPROFEN 50 MG CAP	Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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FREEDOM HEALTH

Formulary Changes - February 2022

The table below outlines formulary changes for the AFC Enhanced Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
02/01/2022	AZATHIOPRINE 100 MG TAB	Formulary Addition		Tier 2	PA
02/01/2022	AZATHIOPRINE 75 MG TAB	Formulary Addition		Tier 2	PA
02/01/2022	COSENTYX 75 MG/0.5ML SOLN PRSYR	Formulary Addition		Tier 4	PA QL
02/01/2022	DIFLUPREDNATE 0.05 % EMULSION	Formulary Addition		Tier 3	
02/01/2022	EVEROLIMUS 10 MG TAB	Formulary Addition		Tier 4	PA
02/01/2022	EVEROLIMUS 2 MG TAB SOL	Formulary Addition		Tier 4	PA
02/01/2022	EVEROLIMUS 3 MG TAB SOL	Formulary Addition		Tier 4	PA
02/01/2022	EVEROLIMUS 5 MG TAB SOL	Formulary Addition		Tier 4	PA
02/01/2022	HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	Formulary Addition		Tier 4	PA QL
02/01/2022	INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Formulary Addition		Tier 4	QL
02/01/2022	INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Formulary Addition		Tier 4	QL
02/01/2022	LYBALVI 10-10 MG TAB	Formulary Addition		Tier 4	QL
02/01/2022	LYBALVI 15-10 MG TAB	Formulary Addition		Tier 4	QL
02/01/2022	LYBALVI 20-10 MG TAB	Formulary Addition		Tier 4	QL
02/01/2022	LYBALVI 5-10 MG TAB	Formulary Addition		Tier 4	QL
02/01/2022	NEBIVOLOL HCL 10 MG TAB	Formulary Addition		Tier 2	
02/01/2022	NEBIVOLOL HCL 2.5 MG TAB	Formulary Addition		Tier 2	
02/01/2022	NEBIVOLOL HCL 20 MG TAB	Formulary Addition		Tier 2	
02/01/2022	NEBIVOLOL HCL 5 MG TAB	Formulary Addition		Tier 2	
02/01/2022	PANRETIN 0.1 % GEL	Formulary Addition		Tier 2	

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******Please refer to the description of your plan for copay/coinsurance amounts.
***Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
02/01/2022	PAROXETINE HCL 10 MG/5ML SUSPENSION	Formulary Addition		Tier 2	QL
02/01/2022	RESTASIS 0.05 % EMULSION	Formulary Addition		Tier 3	QL
02/01/2022	SAJAZIR 30 MG/3ML SOLUTION	Formulary Addition		Tier 4	PA
02/01/2022	TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	Formulary Addition		Tier 4	PA QL
02/01/2022	TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	Formulary Addition		Tier 4	PA QL
02/01/2022	TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	Formulary Addition		Tier 4	PA QL
02/01/2022	TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	Formulary Addition		Tier 4	PA QL
02/01/2022	VARENICLINE TARTRATE 0.5 MG TAB	Formulary Addition		Tier 3	PA QL
02/01/2022	VARENICLINE TARTRATE 1 MG TAB	Formulary Addition		Tier 3	PA QL
02/01/2022	WELIREG 40 MG TAB	Formulary Addition		Tier 4	PA QL
02/01/2022	XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Formulary Addition		Tier 3	
02/01/2022	BESER 0.05 % LOTION	Deletion – Manufacturer Discontinuation	FLUTICASONE PROPIONATE LOTION	Tier 3	
02/01/2022	CYCLAFEM 1/35 1-35 MG-MCG TAB	Deletion – Manufacturer Discontinuation	NORTREL 1/35 TAB	Tier 1	
02/01/2022	CYCLAFEM 7/7/7 0.5/0.75/1-35 MG-MCG TAB	Deletion – Manufacturer Discontinuation	NORTREL 7/7/7 TAB	Tier 1	
02/01/2022	MINITRAN 0.1 MG/HR PATCH 24HR	Deletion – Manufacturer Discontinuation	NITROGLYCERIN PATCH 24HR	Tier 1	

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
02/01/2022	MINITRAN 0.2 MG/HR PATCH 24HR	Deletion – Manufacturer Discontinuation	NITROGLYCERIN PATCH 24HR	Tier 1	
02/01/2022	MINITRAN 0.4 MG/HR PATCH 24HR	Deletion – Manufacturer Discontinuation	NITROGLYCERIN PATCH 24HR	Tier 1	
02/01/2022	MINITRAN 0.6 MG/HR PATCH 24HR	Deletion – Manufacturer Discontinuation	NITROGLYCERIN PATCH 24HR	Tier 1	
02/01/2022	MONDOXYNE NL 100 MG CAP	Deletion – Manufacturer Discontinuation	DOXYCYCLINE MONOHYDRATE 100 MG CAP	Tier 1	
02/01/2022	MONDOXYNE NL 75 MG CAP	Deletion – Manufacturer Discontinuation	DOXYCYCLINE MONOHYDRATE 75 MG CAP	Tier 1	

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