

FORMULARY ADDITIONS UPDATE:

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

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

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
LISDEXAMFETAMINE CAP 30MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 40MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 50MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 60MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 70MG	Formulary Addition	2/1/2024	4	
LISDEXAMFETAMINE CAP 10MG	Formulary Addition	2/1/2024	4	
LITHIUM SOL 8MEQ/5ML	Formulary Addition	2/1/2024	3	
NEUPRO DIS 1MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 2MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 3MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 4MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 6MG/24HR	Formulary Addition	2/1/2024	4	
NEUPRO DIS 8MG/24HR	Formulary Addition	2/1/2024	4	

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
OJJAARA TAB 100MG	Formulary Addition	2/1/2024	5	QL,PA
OJJAARA TAB 150MG	Formulary Addition	2/1/2024	5	QL,PA
OJJAARA TAB 200MG	Formulary Addition	2/1/2024	5	QL,PA
PAXLOVID TAB 150MG-100MG	Formulary Addition	2/1/2024	5	QL
PAXLOVID TAB 300MG-100MG	Formulary Addition	2/1/2024	5	QL
PAZOPANIB TAB 200MG	Formulary Addition	2/1/2024	5	QL,PA
PENTASA CAP 500MG CR	Formulary Addition	2/1/2024	4	QL
QULIPTA TAB 10MG	Formulary Addition	2/1/2024	5	QL,PA
QULIPTA TAB 30MG	Formulary Addition	2/1/2024	5	QL,PA
QULIPTA TAB 60MG	Formulary Addition	2/1/2024	5	QL,PA
SUFLAVE SOL	Formulary Addition	2/1/2024	4	
TRUQAP TAB 160MG	Formulary Addition	2/1/2024	5	QL,PA
TRUQAP TAB 200MG	Formulary Addition	2/1/2024	5	QL,PA

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
TURQOZ TAB	Formulary Addition	2/1/2024	4	
UBRELVY TAB 100MG	Formulary Addition	2/1/2024	5	QL,PA
UBRELVY TAB 50MG	Formulary Addition	2/1/2024	5	QL,PA
VANFLYTA TAB 17.7MG	Formulary Addition	2/1/2024	5	QL,PA
VANFLYTA TAB 26.5MG	Formulary Addition	2/1/2024	5	QL,PA
VELTASSA POW 16.8GM	Formulary Addition	2/1/2024	4	QL
VELTASSA POW 25.2GM	Formulary Addition	2/1/2024	4	QL
VELTASSA POW 8.4GM	Formulary Addition	2/1/2024	4	QL
YUFLYMA 1PEN KIT 40MG/0.4ML	Formulary Addition	2/1/2024	5	PA
YUFLYMA 2SYR KIT 40MG/0.4ML	Formulary Addition	2/1/2024	5	PA
ZURZUVAE CAP 20MG	Formulary Addition	2/1/2024	5	QL,PA
ZURZUVAE CAP 25MG	Formulary Addition	2/1/2024	5	QL,PA
ZURZUVAE CAP 30MG	Formulary Addition	2/1/2024	5	QL,PA

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
AKEEGA TAB 100MG/500MG	Formulary Addition	3/1/2024	5	QL,PA
AKEEGA TAB 50MG/500MG	Formulary Addition	3/1/2024	5	QL,PA
AUGTYRO CAP 40MG	Formulary Addition	3/1/2024	5	QL,PA
KALYDECO GRA 5.8MG	Formulary Addition	3/1/2024	5	QL,PA
LISDEXAMFETAMINE DIMESYLATE CHW 10MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 20MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 30MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 40MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 50MG	Formulary Addition	3/1/2024	4	
LISDEXAMFETAMINE DIMESYLATE CHW 60MG	Formulary Addition	3/1/2024	4	
NORELGESTROMIN/ETHINYL ESTRADIOL 150MCG/35MCG	Formulary Addition	3/1/2024	4	
OGSIVEO TAB 50MG	Formulary Addition	3/1/2024	5	QL,PA
UPTRAVI TAB 1000MCG	Formulary Addition	3/1/2024	5	PA

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
UPTRAVI TAB 1200MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 1400MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 1600MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 200MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 400MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 600MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI TAB 800MCG	Formulary Addition	3/1/2024	5	PA
UPTRAVI PACK TAB 200MCG/800MCG	Formulary Addition	3/1/2024	5	QL,PA
VIGPODER POW 500MG	Formulary Addition	3/1/2024	5	QL,PA
ZENPEP CAP 60000UNT	Formulary Addition	3/1/2024	3	
BOSULIF CAP 100MG	Formulary Addition	4/1/2024	5	QL,PA
BOSULIF CAP 50MG	Formulary Addition	4/1/2024	5	QL,PA
IWILFIN TAB 192MG	Formulary Addition	4/1/2024	5	QL,PA

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
LUMRYZ PAK 6GM	Formulary Addition	4/1/2024	5	QL,PA
LUMRYZ PAK 7.5GM	Formulary Addition	4/1/2024	5	QL,PA
LUMRYZ PAK 9GM	Formulary Addition	4/1/2024	5	QL,PA
LUMRYZ PKG 4.5GM	Formulary Addition	4/1/2024	5	QL,PA
PENBRAYA INJ	Formulary Addition	4/1/2024	3	QL
RISPERIDONE INJ 12.5MG	Formulary Addition	4/1/2024	4	
RISPERIDONE INJ 25MG ER	Formulary Addition	4/1/2024	4	
RISPERIDONE INJ 37.5MG	Formulary Addition	4/1/2024	4	
RISPERIDONE INJ 50MG ER	Formulary Addition	4/1/2024	5	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOL	Formulary Addition	4/1/2024	3	
SYNJARDY XR TAB 10MG-1000MG	Formulary Addition	4/1/2024	3	QL
SYNJARDY XR TAB 12.5MG-1000MG	Formulary Addition	4/1/2024	3	QL
SYNJARDY XR TAB 25MG-1000MG	Formulary Addition	4/1/2024	3	QL

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
SYNJARDY XR TAB 5MG-1000MG	Formulary Addition	4/1/2024	3	QL
XALKORI CAP 150MG	Formulary Addition	4/1/2024	5	PA
XALKORI CAP 20MG	Formulary Addition	4/1/2024	5	PA
XALKORI CAP 50MG	Formulary Addition	4/1/2024	5	PA
CYCLOSERINE CAP 250MG	Formulary Addition	5/1/2024	4	
HEATHER TAB 0.35MG	Formulary Addition	5/1/2024	4	
IXCHIQ INJ	Formulary Addition	5/1/2024	3	QL
MIFEPRISTONE TAB 300MG	Formulary Addition	5/1/2024	5	QL,PA
ROZLYTREK PAK 50MG	Formulary Addition	5/1/2024	5	QL,PA
TRIENTINE CAP 500MG	Formulary Addition	5/1/2024	5	QL,PA
XOLAIR INJ 150MG/ML	Formulary Addition	5/1/2024	5	PA
XOLAIR PREFILLED INJ 300MG/2ML	Formulary Addition	5/1/2024	5	PA
XOLAIR AUTO-INJECTOR INJ 300MG/2ML	Formulary Addition	5/1/2024	5	PA

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
XOLAIR INJ 75MG/0.5ML	Formulary Addition	5/1/2024	5	PA
CLINDAMYCIN GEL 1%	Formulary Addition	6/1/2024	3	QL
NITROGLYCERIN OIN 0.4%	Formulary Addition	6/1/2024	4	QL
THEOPHYLLINE TAB 100MG ER	Formulary Addition	6/1/2024	2	
THEOPHYLLINE TAB 200MG ER	Formulary Addition	6/1/2024	2	
YUFLYMA 1-PEN KIT 80MG/0.8ML	Formulary Addition	6/1/2024	5	PA
YUFLYMA 2-SYRINGE KIT 20MG/0.2ML	Formulary Addition	6/1/2024	5	PA
YUFLYMA CD/UC/HS STARTER KIT 80MG/0.8ML	Formulary Addition	6/1/2024	5	PA
JYLAMVO SOL 2MG/ML	Formulary Addition	7/1/2024	4	PA
RYALTRIS SPR 665MCG-25MCG	Formulary Addition	7/1/2024	4	
VRAYLAR CAP 1.5MG	Removal of Utilization Management	7/1/2024	5	PA Removed
VRAYLAR CAP 3MG	Removal of Utilization Management	7/1/2024	5	PA Removed
VRAYLAR CAP 4.5MG	Removal of Utilization Management	7/1/2024	5	PA Removed

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
VRAYLAR CAP 6MG	Removal of Utilization Management	7/1/2024	5	PA Removed
XCOPRI TAB 25MG	Formulary Addition	7/1/2024	5	QL,PA
YARGESA CAP 100MG	Formulary Addition	7/1/2024	5	PA
CYLTEZO PREFILLED KIT 40/0.4ML	Formulary Addition	8/1/2024	5	QL,PA
CYLTEZO AUTO-INJECTOR KIT 40/0.4ML	Formulary Addition	8/1/2024	5	QL,PA
CYLTEZO KIT CROHNS	Formulary Addition	8/1/2024	5	PA
CYLTEZO PSORIASIS/UVEITIS KIT 40MG/0.4ML	Formulary Addition	8/1/2024	5	PA
FASENRA INJ 10MG/0.5ML	Formulary Addition	8/1/2024	5	PA
INGREZZA CAP 40MG	Formulary Addition	8/1/2024	5	QL,PA
INGREZZA CAP 60MG	Formulary Addition	8/1/2024	5	QL,PA
INGREZZA CAP 80MG	Formulary Addition	8/1/2024	5	QL,PA
LIBERVANT MIS 10MG	Formulary Addition	8/1/2024	5	QL,PA
LIBERVANT MIS 12.5MG	Formulary Addition	8/1/2024	5	QL,PA

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
LIBERVANT MIS 15MG	Formulary Addition	8/1/2024	5	QL,PA
LIBERVANT MIS 5MG	Formulary Addition	8/1/2024	5	QL,PA
LIBERVANT MIS 7.5MG	Formulary Addition	8/1/2024	5	QL,PA
VARENICLINE TAB 1MG	Formulary Addition	8/1/2024	3	
XDEMZY DRO 0.25%	Formulary Addition	8/1/2024	5	QL
MYHIBBIN SUS 200MG/ML	Formulary Addition	9/1/2024	5	B/D
OGSIVEO TAB 100MG	Formulary Addition	9/1/2024	5	QL,PA
OGSIVEO TAB 150MG	Formulary Addition	9/1/2024	5	QL,PA
OJEMDA SUS 25MG/ML	Formulary Addition	9/1/2024	5	QL,PA
OJEMDA TAB 100MG	Formulary Addition	9/1/2024	5	QL,PA
SCSEMBLIX TAB 100MG	Formulary Addition	9/1/2024	5	QL,PA
DRIZALMA CAP 20MG DR	Formulary Addition	10/1/2024	4	QL,ST
DRIZALMA CAP 30MG DR	Formulary Addition	10/1/2024	4	QL,ST

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
DRIZALMA CAP 40MG DR	Formulary Addition	10/1/2024	4	QL,ST
DRIZALMA CAP 60MG DR	Formulary Addition	10/1/2024	4	QL,ST
ENTRESTO CAP 15MG-16MG	Formulary Addition	10/1/2024	3	QL
ENTRESTO CAP 6MG-6MG	Formulary Addition	10/1/2024	3	QL
L-GLUTAMINE POW 5GM	Formulary Addition	10/1/2024	5	PA
NALOXONE HCL SOL 0.4MG/ML	Formulary Addition	10/1/2024	2	
NEXLETOL TAB 180MG	Formulary Addition	10/1/2024	3	QL,PA
NEXLIZET TAB 180/10MG	Formulary Addition	10/1/2024	3	QL,PA
SOTYKTU TAB 6MG	Formulary Addition	10/1/2024	5	QL,PA
TORPENZ TAB 10MG	Formulary Addition	10/1/2024	5	PA
TORPENZ TAB 2.5MG	Formulary Addition	10/1/2024	5	PA
TORPENZ TAB 5MG	Formulary Addition	10/1/2024	5	PA
TORPENZ TAB 7.5MG	Formulary Addition	10/1/2024	5	PA

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
TYENNE INJ 162MG	Formulary Addition	10/1/2024	5	QL,PA
TYENNE INJ 162MG/0.9ML	Formulary Addition	10/1/2024	5	QL,PA
XOLREMDI CAP 100MG	Formulary Addition	10/1/2024	5	QL,PA
AZURETTE TAB	Formulary Addition	11/1/2024	4	
GAVILYTE-N SOL FLAVOR PACK	Formulary Addition	11/1/2024	2	
MRESVIA INJ 50MCG	Formulary Addition	11/1/2024	3	QL,PA
OJEMDA TAB 100MG	Formulary Addition	11/1/2024	5	QL,PA
OTEZLA TAB 10MG/20MG	Formulary Addition	11/1/2024	5	QL,PA
OTEZLA TAB 20MG	Formulary Addition	11/1/2024	5	QL,PA
RETEVMO TAB 120MG	Formulary Addition	11/1/2024	5	QL,PA
RETEVMO TAB 160MG	Formulary Addition	11/1/2024	5	QL,PA
RETEVMO TAB 40MG	Formulary Addition	11/1/2024	5	QL,PA
RETEVMO TAB 80MG	Formulary Addition	11/1/2024	5	QL,PA

FORMULARY ADDITIONS UPDATE:

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

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
SANCUSO DIS 3.1MG	Formulary Addition	11/1/2024	5	QL
VAXCHORA SUS	Formulary Addition	11/1/2024	3	QL,PA
VIGAFYDE SOL 100MG/ML	Formulary Addition	11/1/2024	5	PA

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

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

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

[<OVEX3385284_000>]

Formulary ID# 24005

Y0066_111223_140152 File & Use 12282011