

2024 Formulary Changes

Following formulary changes will take place on 1/1/2024. 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 |
|-------------------|---|---|
| ADVAIR HFA | Fluticasone-Salmeterole Inhal Aerosol 45-21 mcg/act | Brand product removed from the formulary |
| ADVAIR HFA | Fluticasone-Salmeterole Inhal Aerosol 115-21 mcg/act | Brand product removed from the formulary |
| ADVAIR HFA | Fluticasone-Salmeterole Inhal Aerosol 230-21 mcg/act | Brand product removed from the formulary |
| ALIMTA | Pemetrexed Disodium For IV Soln 500 MG (Base Equiv) | Brand product removed from the formulary |
| ALLEGRA-D 12 HOUR | Fexofenadine-Pseudoephedrine Tab ER 12HR 60-120 MG | Product removed from the formulary |
| ALLEGRA-D 24 HOUR | Fexofenadine-Pseudoephedrine Tab ER 24HR 180-240 MG | Product removed from the formulary |
| ALTABAX | Retapamulin Ointment 1% | Quantity of 15 units per 30 days added |
| AMBISOME | Amphotericin B Liposome IV For Susp 50 MG | Brand product removed from the formulary |
| AMJEVITA | Adalimumab-atto Soln Auto- injector 40 MG/0.8ML | Product removed from the formulary |
| AMJEVITA | Adalimumab-atto Soln Prefilled Syringe 20 MG/0.4ML | Product removed from the formulary |
| ΑΡΟΚΥΝ | Apomorphine HCl Soln Cartridge 30 MG/3ML | Brand product removed from the formulary |
| APTIVUS | Tipranavir Cap 250 MG | Brand product moved to Tier 3 |

Ambetter of Tennessee is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Tennessee Health Insurance Marketplace.



| Product Name | Generic Name | Change |
|---------------------------------------|---|---|
| AUBAGIO | Teriflunomide Tab 7 MG | Brand product removed from the formulary |
| AUBAGIO | Teriflunomide Tab 14 MG | Brand product removed from the formulary |
| AVSOLA | Infliximab-axxq For IV Inj 100mg | Product removed from the formulary |
| AZASITE | Azithromycin Ophth Solution 1% | Quantity limit of 2.5 units every 30 days added |
| AZELEX | Azelaic Acid Cream 20% | Quantity limit of 50 units per 30 days added |
| BENDAMUSTINE HYDROCHLORIDE | Bendamustine HCl For IV Soln 25 MG | Brand product removed from the formulary |
| BENDAMUSTINE HYDROCHLORIDE | Bendamustine HCl For IV Soln 100 MG | Brand product removed from the formulary |
| BEVESPI AEROSPHERE | Glycopyrrolate-Formoterol Fumarate Aerosol 9-4.8 mcg/act | Product removed from the formulary |
| BIDIL | lsosorbide Dinitrate-Hydralazine HCl Tab 20-37.5 MG | Brand product removed from the formulary |
| BORTEZOMIB | Bortezomib For Inj 3.5 MG | Brand product removed from the formulary |
| вотох | Botulinum Toxin Type A For Inj 100 Unit | Product removed from the formulary |
| вотох | Botulinum Toxin Type A For Inj 200 Unit | Product removed from the formulary |
| BREO ELLIPTA | Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/ACT | Brand product moved to Tier 2 |
| BREO ELLIPTA | Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/ACT | Brand product moved to Tier 2 |
| BUTALBITAL/ACETAMINO PHEN | Butalbital-Acetaminophen Tab 50-325 MG | Quantity limit of 6 units per day added |
| BUTALBITAL/ACETAMINO PHEN/CAFFEINE | Butalbital-Acetaminophen- Caffeine Cap 50-300-40 MG | Quantity limit of 6 units per day added |
| BUTALBITAL/ACETAMINO PHEN/CAFFEINE | Butalbital-Acetaminophen- Caffein Tab 50-325-40 MG | Quantity limit of 6 units per day added |



| Product Name | Generic Name | Change |
|---------------------------------|--|---|
| BUTALBITAL/ASPIRIN/CA FFEINE | Butalbital-Acetaminophen- Caffeine Cap 50-325-40 MG | Quantity limit of 4 units per day added |
| CEFOTAXIME SODIUM | Cefotaxime Sodium For Inj 1 GM | Brand product removed from the formulary |
| CEPHALEXIN | Cephalexin Tab 250 MG | Product removed from the formulary |
| CEPHALEXIN | Cephalexin Tab 500 MG | Product removed from the formulary |
| CHANTIX | Varenicline Tartrate Tab 0.5 MG (Base Equiv) | Brand product removed from the formulary |
| CHANTIX CONTINUING MONTHPAK | Varenicline Tartrate Tab 1 MG (Base Equiv) | Brand product removed from the formulary |
| CHANTIX STARTING MONTH PAK | Varenicline Tartrate Tab 11 x 0.5 MG & 42 x 1 MG Start Pack | Brand product removed from the formulary |
| CIMDUO, TEMIXYS | Lamivudine-Tenofovir Disoproxil Fumarate Tab 300-300 MG | Brand product moved to Tier 3 |
| CLARITIN-D 12 HOUR | Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG | Product removed from the formulary |
| CLARITIN-D 24 HOUR | Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG | Product removed from the formulary |
| CRIXIVAN | Indinavir Sulfate Cap 400 MG | Brand product moved to Tier 3 |
| CYSADANE | Betaine Powder For Oral Solution | Brand product removed from the formulary |
| DALIRESP | Roflumilast Tab 250 MCG | Brand product removed from the formulary |
| DALIRESP | Roflumilast Tab 500 MCG | Brand product removed from the formulary |
| DAYTRANA | Methylphenidate TD Patch 10 MG/9HR | Brand product removed from the formulary |
| DAYTRANA | Methylphenidate TD Patch 15 MG/9HR | Brand product removed from the formulary |
| DAYTRANA | Methylphenidate TD Patch 20 MG/9HR | Brand product removed from the formulary |



| Product Name | Generic Name | Change |
|-------------------|---|---|
| DAYTRANA | Methylphenidate TD Patch 30 MG/9HR | Brand product removed from the formulary |
| DIASTAT ACUDIAL | Diazepam Rectal Gel Delivery System 10 MG | Quantity limit of 5 kits per 30 days added |
| DIASTAT ACUDIAL | Diazepam Rectal Gel Delivery System 20 MG | Quantity limit of 5 kits per 30 days added |
| DIASTAT PEDIATRIC | Diazepam Rectal Gel Delivery System 2.5 MG | Quantity limit of 5 kits per 30 days added |
| DICHLORPHENAMIDE | Dichlorphenamide Tab 50 MG | Brand product removed from the formulary |
| DOVATO | Dolutegravir Sodium-Lamivudine Tab 50-300 MG (Base Eq) | Brand product moved to Tier 3 |
| DYSPORT | AbobotulinumtoxinA For Inj 300 Unit | Product removed from the formulary |
| DYSPORT | AbobotulinumtoxinA For Inj 500 Unit | Product removed from the formulary |
| EDURANT | Rilpivirine HCl Tab 25 MG (Base Equivalent) | Brand product moved to Tier 3 |
| EMTRIVA | Emtricitabine Soln 10 MG/ML | Brand product moved to Tier 3 |
| ENTRESTO | Sacubitril-Valsartan Tab 24-26 MG | Product removed from the formulary |
| ENTRESTO | Sacubitril-Valsartan Tab 49-51 MG | Product removed from the formulary |
| ENTRESTO | Sacubitril-Valsartan Tab 97-103 MG | Product removed from the formulary |
| EPCLUSA | Sofosbuvir-Velpatasvir Tab 200- 50 MG | Product removed from the formulary |
| EPCLUSA | Sofosbuvir-Velpatasvir Tab 400- 100 MG | Brand product removed from the formulary. Generic moved to Tier 1 |
| EPCLUSA | Sofosbuvir-Velpatasvir Pellet Pack 150-37.5 MG | Product removed from the formulary |
| EPCLUSA | Sofosbuvir-Velpatasvir Pellet Pack 200-50 MG | Product removed from the formulary |



| Product Name | Generic Name | Change |
|--------------|---|---|
| ESTRADIOL | Estradiol TD Gel 0.25 MG/0.25GM (0.1%) | Brand product removed from the formulary |
| ESTRADIOL | Estradiol TD Gel 0.5 MG/0.5GM (0.1%) | Brand product removed from the formulary |
| ESTRADIOL | Estradiol TD Gel 0.75 MG/0.75GM (0.1%) | Brand product removed from the formulary |
| ESTRADIOL | Estradiol TD Gel 1 MG/GM (0.1%) | Brand product removed from the formulary |
| ESTRADIOL | Estradiol TD Gel 1.25 MG/1.25GM (0.1%) | Brand product removed from the formulary |
| ETOPOSIDE | Etoposide Inj 100MG/5ML (20 MG/ML) | Prior authorization requirement added |
| ETOPOSIDE | Etoposide Inj 500MG/25ML (20 MG/ML) | Prior authorization requirement added |
| ETOPOSIDE | Etoposide Inj 1 GM/50ML (20 MG/ML) | Prior authorization requirement added |
| FARXIGA | Dapagliflozin Propanediol Tab 5 MG (Base Equivalent) | Product removed from the formulary |
| FARXIGA | Dapagliflozin Propanediol Tab 10 MG (Base Equivalent) | Product removed from the formulary |
| FETZIMA | Levomilnacipran HCl Cap SR 24HR 20 MG (Base Equivalent) | Quantity limit of 1 unit per day added |
| FETZIMA | Levomilnacipran HCl Cap SR 24HR 40 MG (Base Equivalent) | Quantity limit of 1 unit per day added |
| FETZIMA | Levomilnacipran HCl Cap SR 24HR 80 MG (Base Equivalent) | Quantity limit of 1 unit per day added |
| FETZIMA | Levomilnacipran HCl Cap SR 24HR 120 MG (Base Equivalent) | Quantity limit of 1 unit per day added |
| FIASP | Insulin Aspart (with Niacinamide) Inj 100 Unit/ML | Product removed from the formulary |
| FIASP | Insulin Aspart (with Niacinamide) Sol Pen-inj 100 Unit/ML | Product removed from the formulary |
| FIASP | Insulin Aspart (with Niacinamide) Soln Cartridge 100 Unit/ML | Product removed from the formulary |



| Product Name | Generic Name | Change |
|--------------------|---|---|
| FLOVENT DISKUS | Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER | Product removed from the formulary |
| FLOVENT DISKUS | Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER | Product removed from the formulary |
| FLOVENT DISKUS | Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER | Product removed from the formulary |
| FLOVENT HFA | Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve) | Brand product removed from the formulary. Generic moved to Tier 2 |
| FLOVENT HFA | Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve) | Brand product removed from the formulary. Generic moved to Tier 2 |
| FLOVENT HFA | Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve) | Brand product removed from the formulary. Generic moved to Tier 2 |
| FOLOTYN | Pralatrexate IV Inj 20 MG/ML | Brand product removed from the formulary |
| GILENYA | Fingolimod HCl Cap 0.25 MG (Base Equiv) | Brand product removed from the formulary |
| GILENYA | Fingolimod HCl Cap 0.5 MG (Base Equiv) | Brand product removed from the formulary |
| GLATIRAMER ACETATE | Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML | Brand product removed from the formulary |
| GLATIRAMER ACETATE | Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML | Brand product removed from the formulary |
| GYNAZOLE-1 | Butoconazole Nitrate (One Dose) Vaginal Cream 2% | Quantity limit of 5 units per 30 days added |
| HORIZANT | Gabapentin Enacarbil Tab CR 300MG | Product removed from the formulary |
| HORIZANT | Gabapentin Enacarbil Tab CR 600MG | Product removed from the formulary |
| IBRANCE | Palbociclib Cap 75 MG | Product moved to Tier 4. Quantity limit of 1 unit per day added |



| Product Name | Generic Name | Change |
|--------------------|---|---|
| IBRANCE | Palbociclib Cap 100 MG | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| IBRANCE | Palbociclib Cap 125 MG | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| IBRANCE | Palbociclib Tab 75 MG | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| IBRANCE | Palbociclib Tab 100 MG | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| IBRANCE | Palbociclib Tab 125 MG | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| ILEVRO | Nepafenac Ophth Susp 0.3% | Product removed from the formulary |
| INTELENCE | Etravirine Tab 25 MG | Brand product moved to Tier 3 |
| INTRAROSA | Prasterone Vaginal Insert 6.5 MG | Quantity limit of 1 unit per day added |
| INVIRASE | Saquinavir Mesylate Tab 500 MG | Brand product moved to Tier 3 |
| IRESSA | Gefitinib Tab 250 MG | Quantity limit of 2 units per day added |
| ISENTRESS | Raltegravir Potassium Tab 400 MG (Base Equiv) | Brand product moved to Tier 3 |
| ISENTRESS | Raltegravir Potassium Chew Tab 25 MG (Base Equiv) | Brand product moved to Tier 3 |
| ISENTRESS | Raltegravir Potassium Chew Tab 100 MG (Base Equiv) | Brand product moved to Tier 3 |
| ISENTRESS HD | Raltegravir Potassium Tab 600 MG (Base Equiv) | Brand product moved to Tier 3 |
| ISTODAX (OVERFILL) | Romidepsin For IV Inj 10 MG | Brand product removed from the formulary |



| Product Name | Generic Name | Change |
|---|---|---|
| JUBLIA | Efinaconazole Soln 10% | Product removed from the formulary |
| KISQALI | Ribociclib Succinate Tab 200 MG | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| KISQALI | Ribociclib Succinate Tab 400 MG (200 MG Tab) | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| KISQALI | Ribociclib Succinate Tab 600 MG (200 MG Tab) | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| KISQALI FEMARA 200 DOSE | Ribociclib 200 MG Dose (200 MG Tab) | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| KISQALI FEMARA 400 DOSE | Ribociclib 400 MG Dose (200 MG Tab) | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| KISQALI FEMARA 600 DOSE | Ribociclib 600 MG Dose (200 MG Tab) | Product moved to Tier 4. Quantity limit of 1 unit per day added |
| LACRISERT | Artificial Tear Ophth Insert | Product removed from the formulary |
| LANREOTIDE ACETATE,SOMATULINE DEPOT | Lanreotide Acetate Extended Release Inj 120 MG/0.5ML | Product removed from the formulary |
| LATUDA | Lurasidone Tab 20mg | Brand product removed from the formulary |
| LATUDA | Lurasidone Tab 40mg | Brand product removed from the formulary |
| LATUDA | Lurasidone Tab 60mg | Brand product removed from the formulary |
| LATUDA | Lurasidone Tab 80mg | Brand product removed from the formulary |
| LATUDA | Lurasidone Tab 120mg | Brand product removed from the formulary |



| Product Name | Generic Name | Change |
|---------------------------------|--|--|
| LENALIDOMIDE | Lenalidomide Caps 2.5 MG | Brand product removed from the formulary |
| LENALIDOMIDE | Lenalidomide Cap 5 MG | Brand product removed from the formulary |
| LENALIDOMIDE | Lenalidomide Cap 10 MG | Brand product removed from the formulary |
| LENALIDOMIDE | Lenalidomide Cap 15 MG | Brand product removed from the formulary |
| LENALIDOMIDE | Lenalidomide Cap 20 MG | Brand product removed from the formulary. Quantity limit of 1 unit per day added |
| LENALIDOMIDE | Lenalidomide Cap 25 MG | Brand product removed from the formulary |
| LEVEMIR | Insulin Detemir Inj 100 Unit/ML | Product moved to Tier 3. Prior authorization requirement added |
| LEVEMIR FLEXPEN | Insulin Detemir Soln Pen-injector 100 Unit/ML | Product moved to Tier 3. Prior authorization requirement added |
| LEXIVA | Fosamprenavir Calcium Susp 50 MG/ML (Base Equiv) | Brand product moved to Tier 3 |
| MIRVASO | Brimonidine Tartrate Gel 0.33% (Base Equivalent) | Brand product removed from the formulary |
| NEOSTIGMINE METHYLSULFATE | Neostigmine Methylsulfate Soln Pref Syr 3 MG/3ML (1 MG/ML) | Brand product removed from the formulary |
| NEO-SYNALAR | Neomycin-Fluocinolone Cream 0.35-0.025% | Quantity limit of 60 units per 30 days added |
| NORVIR | Ritonavir Oral Soln 80 MG/ML | Brand product moved to Tier 3 |
| NORVIR | Ritonavir Powder Packet 100 MG | Brand product moved to Tier 3 |
| NOVOLIN 70/30 FLEXPEN RELION | Insulin Isophane & Regular Susp Pen-Inj 100 Unit/ML (70-30) | Relion product removed from the formulary |



| Product Name | Generic Name | Change |
|---------------------------------------|---|---|
| NOVOLIN 70/30 RELION | Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30) | Relion product removed from the formulary |
| NOVOLIN N FLEXPEN RELION | Insulin Isophane (Human) Susp Pen-injector 100 Unit/ML | Relion product removed from the formulary |
| NOVOLIN N RELION | Insulin Isophane (Human) Inj 100 Unit/ML | Relion product removed from the formulary |
| NOVOLIN R RELION | Insulin Regular (Human) Inj 100 Unit/ML | Relion product removed from the formulary |
| NOVOLOG | Insulin Aspart Inj Soln 100 Unit/ML | Brand product removed from the formulary. Generic added at Tier 1 |
| NOVOLOG MIX 70/30 | Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30) | Brand product removed from the formulary. Generic moved to Tier 1 |
| NOVOLOG MIX 70/30 FLEXPEN | Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30) | Brand product removed from the formulary. Generic moved to Tier 1 |
| NOVOLOG PEN | Insulin Aspart Soln Pen-injector 100 Unit/ML | Brand product removed from the formulary. Generic moved to Tier 1 |
| NOVOLOG PENFILL | Insulin Aspart Soln Cartridge 100 Unit/ML | Brand product removed from the formulary. Generic moved to Tier 1 |
| NUEDEXTA | Dextromethorphan HBr- Quinidine Sulfate Cap 20-10 MG | Quantity limit of 2 units per day added |
| PACLITAXEL PROTEIN- BOUNDPARTICLES | Paclitaxel Protein-Bound Particles For IV Susp 100 MG | Brand product removed from the formulary |
| PANRETIN | Alitretinoin Gel 0.1% | Quantity limit of 60 units per 30 days added |
| PENCICLOVIR | Penciclovir Cream 1% | Brand product removed from the formulary |
| PHOSPHOLINE IODIDE | Echothiophate Iodide Ophth For Soln 0.125% | Product removed from the formulary |
| PIFELTRO | Doravirine Tab 100 MG | Brand product moved to Tier 3 |



| Product Name | Generic Name | Change |
|----------------------|--|---|
| PIRFENIDONE | Pirfenidone Cap 267 MG | Brand product removed from the formulary |
| PIRFENIDONE | Pirfenidone Tab 267 MG | Brand product removed from the formulary |
| PIRFENIDONE | Pirfenidone Tab 801 MG | Brand product removed from the formulary |
| PREZCOBIX | Darunavir-Cobicistat Tab 800-150 MG | Brand product moved to Tier 3 |
| PREZISTA | Darunavir Tab 75 MG | Brand product moved to Tier 3 |
| PREZISTA | Darunavir Tab 150 MG | Brand product moved to Tier 3 |
| PREZISTA | Darunavir Tab 600 MG | Brand product moved to Tier 3 |
| PREZISTA | Darunavir Tab 800 MG | Brand product moved to Tier 3 |
| PREZISTA | Darunavir Oral Susp 100 MG/ML | Brand product moved to Tier 3 |
| RELISTOR | Methylnaltrexone Bromide Inj 8 MG/0.4ML (20 MG/ML) | Product removed from the formulary |
| RELISTOR | Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML) | Product removed from the formulary |
| RETIN-A | Tretinoin Cream 0.025% | Prior authorization requirement added |
| RETIN-A | Tretinoin Cream 0.05% | Prior authorization requirement added |
| RETIN-A | Tretinoin Cream 0.1% | Prior authorization requirement added |
| RETIN-A | Tretinoin Gel 0.01% | Prior authorization requirement added |
| RETIN-A | Tretinoin Gel 0.025% | Prior authorization requirement added |
| RETROVIR IV INFUSION | Zidovudine IV Soln 10 MG/ML | Brand product moved to Tier 3 |



| Product Name | Generic Name | Change |
|---|---|---|
| SELZENTRY | Maraviroc Tab 25 MG | Brand product moved to Tier 3 |
| SELZENTRY | Maraviroc Tab 75 MG | Brand product moved to Tier 3 |
| SELZENTRY | Maraviroc Tab 150 MG | Brand product removed from the formulary |
| SELZENTRY | Maraviroc Tab 300 MG | Brand product removed from the formulary |
| SELZENTRY | Maraviroc Oral Soln 20 MG/ML | Brand product moved to Tier 3 |
| SODIUM SULFATE/POTASSIUMSUL FATE/MAGNESIUM SULFATE | Sod Sulfate-Pot Sulf-Mg Sulf Oral Sol 17.5-3.13-1.6 GM/177ML | Brand product removed from the formulary |
| SOMATULINE DEPOT | Lanreotide Acetate Extended Release Inj 60 MG/0.2ML | Product removed from the formulary |
| SOMATULINE DEPOT | Lanreotide Acetate Extended Release Inj 90 MG/0.3ML | Product removed from the formulary |
| SORAFENIB | Sorafenib Tosylate Tab 200 MG (Base Equivalent) | Brand product removed from the formulary |
| STELARA | Ustekinumab IV Soln 130 MG/26ML (5 MG/ML) (For IV Infusion) | Quantity limit of 3.47 units per day added |
| SYMLINPEN 120 | Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML) | Product removed from the formulary |
| SYMLINPEN 60 | Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML) | Product removed from the formulary |
| TAFLUPROST | Tafluprost Preservative Free (PF) Ophth Soln 0.0015% | Brand product removed from the formulary |
| TAGRISSO | Osimertinib Mesylate Tab 40 MG (Base Equivalent) | Quantity limit of 2 units per day added |
| TAGRISSO | Osimertinib Mesylate Tab 80 MG (Base Equivalent) | Quantity limit of 1 unit per day added |
| TARGRETIN | Bexarotene Gel 1% | Brand product removed from the formulary |



| Product Name | Generic Name | Change |
|-------------------|---|---|
| ТОВІ | Tobramycin Nebu Soln 300 MG/5ML | Quantity limit of 280 units every 56 days added |
| TOVIAZ | Fesoterodine Fumarate Tab ER 24HR 4 MG | Brand product removed from the formulary |
| TOVIAZ | Fesoterodine Fumarate Tab ER 24HR 8 MG | Brand product removed from the formulary |
| TRESIBA | Insulin Degludec Inj 100 Unit/ML | Brand product removed from the formulary. Generic added at Tier 2 |
| TRESIBA FLEXTOUCH | Insulin Degludec Soln Pen- Injector 100 Unit/ML | Brand product removed from the formulary. Generic added at Tier 2 |
| TRESIBA FLEXTOUCH | Insulin Degludec Soln Pen- Injector 200 Unit/ML | Brand product removed from the formulary. Generic added at Tier 2 |
| TRIZIVIR | Abacavir Sulfate-Lamivudine- Zidovudine Tab 300-150-300 MG | Brand product moved to Tier 3 |
| TYBOST | Cobicistat Tab 150 MG | Brand product moved to Tier 3 |
| UBRELVY | Ubrogepant Tab 50 MG | Product removed from the formulary |
| UBRELVY | Ubrogepant Tab 100 MG | Product removed from the formulary |
| VERZENIO | Abemaciclib Tab 50 MG | Quantity limit of 2 units per day added |
| VERZENIO | Abemaciclib Tab 100 MG | Quantity limit of 2 units per day added |
| VERZENIO | Abemaciclib Tab 150 MG | Quantity limit of 2 units per day added |
| VERZENIO | Abemaciclib Tab 200 MG | Quantity limit of 2 units per day added |
| VIRACEPT | Nelfinavir Mesylate Tab 250 MG | Brand product moved to Tier 3 |
| VIRACEPT | Nelfinavir Mesylate Tab 625 MG | Brand product moved to Tier 3 |



| Product Name | Generic Name | Change |
|---------------------------|--|--|
| VIREAD | Tenofovir Disoproxil Fumarate Tab 150 MG | Brand product moved to Tier 3 |
| VIREAD | Tenofovir Disoproxil Fumarate Tab 200 MG | Brand product moved to Tier 3 |
| VIREAD | Tenofovir Disoproxil Fumarate Tab 250 MG | Brand product moved to Tier 3 |
| VIREAD | Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM | Brand product moved to Tier 3 |
| VIZIMPRO | Dacomitinib Tab 15 MG | Quantity limit of 1 unit per day added |
| VIZIMPRO | Dacomitinib Tab 30 MG | Quantity limit of 1 unit per day added |
| VIZIMPRO | Dacomitinib Tab 45 MG | Quantity limit of 1 unit per day added |
| VOSEVI | Sofosbuvir-Velpatasvir- Voxilaprevir Tab 400-100-100 MG | Product removed from the formulary |
| XIGDUO XR | Dapagliflozin-Metformin HCl Tab ER 24HR 2.5-1000 MG | Product removed from the formulary |
| XIGDUO XR | Dapagliflozin-Metformin HCl Tab SR 24HR 5-500 MG | Product removed from the formulary |
| XIGDUO XR | Dapagliflozin-Metformin HCl Tab SR 24HR 5-1000 MG | Product removed from the formulary |
| XIGDUO XR | Dapagliflozin-Metformin HCl Tab SR 24HR 10-500 MG | Product removed from the formulary |
| XIGDUO XR | Dapagliflozin-Metformin HCl Tab SR 24HR 10-1000 MG | Product removed from the formulary |
| XULTOPHY | Insulin Degludec-Liraglutide Sol Pen-Inj 100-3.6 Unit-MG/ML | Product moved to Tier 3 |
| ZERVIATE | Cetirizine HCl Ophth Soln 0.24% | Product removed from the formulary |
| ZYRTEC-D ALLERGY/SINUS | Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG | Product removed from the formulary |