BlueCross BlueShield of Illinois

2024 IL HMO Pharmacy Benefit Drug List Changes

Starting January 1, 2024, some prescription drugs for **Illinois HMO** may:

- Move to a higher or lower drug tier
- Be added or removed from the drug list
- Have a new special requirement

Below is a list of drugs in alpha order that will have one of these changes made. *If you have a keyboard, you can search for a drug name by using the Control and F keys, or go to Edit in the drop-down menu and select Find/Search. Type in the word or phrase you are looking for and click on Search.*

What you need to know:

- Talk with your doctor if any of these changes affect drugs you're currently using.
- Coverage for new drugs added to your plan will begin when your plan renews or starts on or after January 1, 2024.
- If your drug has been removed from coverage, ask your doctor about your options. Often, a covered generic or brand alternative may be available.
- If your drug has moved to a higher drug tier (e.g. tier 03 to tier 04), ask your doctor if a lower-cost alternative might be right for you.
- Your out-of-pocket costs may be less for drugs that move to a lower drug tier (e.g. tier 02 to tier 01).
- If your drug has a new special requirement, your doctor may need to submit a request to us before you may receive coverage.
- Call the Customer Service number listed on your Member ID card if you have any questions.

Pharmacy Benefit Drug List Changes – Effective on or after January 1, 2024

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
ADVAIR DISKU AER 100/50	Respiratory Tract Agents, Other		X		02	N/A	
ADVAIR DISKU AER 250/50	Respiratory Tract Agents, Other		X		02	N/A	
ADVAIR DISKU AER 500/50	Respiratory Tract Agents, Other		X		02	N/A	
ALBUTEROL NEB 0.5%	Bronchodilators, Sympathomimetic			X	02	04	
AMILOR/HCTZ TAB 5-50	Cardiovascular Agents, Other			X	01	04	
AMITRIPTYLIN TAB 75 MG	Tricyclics			X	02	01	
AMOX/K CLAV SUS 400/5ML	Beta-lactam, Penicillins			X	02	01	
AMPHET/DEXTR TAB 5 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines			X	02	01	
APAP/CODEINE SOL 120-12/5	Opioid Analgesics, Short-acting			X	01	04	
APO-VARENICL TAB 0.5 MG	Smoking Cessation Agents		X		01	N/A	
APO-VARENICL TAB 1 MG	Smoking Cessation Agents		X		01	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
APRACLONIDIN SOL 0.5% OP	Ophthalmic Intraocular Pressure Lowering Agents, Other			X	02	04	
ARMODAFINIL TAB 50 MG	Wakefulness Promoting Agents			X	02	01	
AUBAGIO TAB 7 MG	Multiple Sclerosis Agents		X		05	N/A	PA, QL
AUBAGIO TAB 14 MG	Multiple Sclerosis Agents		X		05	N/A	PA, QL
AUVI-Q INJ 0.1 MG	Respiratory Tract/ Pulmonary Agents	X			N/A	03	
AUVI-Q INJ 0.15 MG	Respiratory Tract/ Pulmonary Agents	X			N/A	03	
AUVI-Q INJ 0.3 MG	Respiratory Tract/ Pulmonary Agents	X			N/A	03	
AZITHROMYCIN SUS 200/5 ML	Macrolides			X	02	01	
AZURETTE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
BACLOFEN TAB 20 MG	Antispasticity Agents			X	02	01	
BETAXOLOL SOL 0.5% OP	Ophthalmic Beta-Adrenergic Blocking Agents			X	02	04	
BISOPRL/HCTZ TAB 10/6.25	Cardiovascular Agents, Other			X	02	01	
BISOPRL/HCTZ TAB 2.5/6.25	Cardiovascular Agents, Other			X	02	01	
BUMETANIDE TAB 0.5 MG	Diuretics, Loop			X	02	01	
BUPROPION TAB 100 MG	Antidepressants, Other			X	02	01	
BYDUREON BCISE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85 ML	Antidiabetic Agents				04	04	PA
CALCITRIOL SOL 1 MCG/ML	Metabolic Bone Disease Agents		X		02	N/A	
CARDIZEM LA TAB 120 MG	Calcium Channel Blocking Agents, Nondihydropyridines		X		04	N/A	
CARTIA XT CAP 240/24HR	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	
CEFUROXIME TAB 250 MG	Beta-lactam, Cephalosporins			X	02	01	
CEPHALEXIN SUS 125/5 ML	Beta-lactam, Cephalosporins			X	02	01	
CHOLESTYRAM POW 4 GM LITE PACKET	Dyslipidemics, Other		X		02	N/A	
CHOLESTYRAM POW 4 GM PACKET	Dyslipidemics, Other		X		02	N/A	
CHOR GONADOT INJ 10000 UNT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		X		05	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
CICLOPIROX SUS 0.77%	Antifungals		X		01	N/A	
CIMETIDINE SOL 300/5 ML	Histamine2 (H2) Receptor Antagonists			X	02	04	
CLOMID TAB 50 MG	Synthetic Ovulatory Stimulants			X	02	03	
CLOTRIMAZOLE/BETAMETHASONE CRE 1-0.05%	Dermatological Agents, Other			X	02	01	
CLOZAPINE TAB 25 MG	Treatment-Resistant			X	02	01	ST, QL
COMBIGAN SOL 0.2/0.5%	Ophthalmic Agents, Other		X		04	N/A	
CROMOLYN SOD SOL 4% OP	Ophthalmic Anti-allergy Agents			X	01	04	
CRYSELLE-28 TAB 28 TABS	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
CUBICIN SOL 500 MG	Antibacterials, Other		X		N/A	N/A	
CYPROHEPTAD SYP 2 MG/5 ML	Antihistamines			X	02	01	
DALIRESP TAB 250 MCG	Phosphodiesterase Inhibitors, Airways Disease		X		04	N/A	
DALIRESP TAB 500 MCG	Phosphodiesterase Inhibitors, Airways Disease		X		04	N/A	
DENAVIR CRE 1%	Antiherpetic Agents		X		04	N/A	PA, QL
DEPO-TESTOST INJ 100 MG/ML	Androgens			X	02	01	PA, QL
DESLORATADIN TAB 5 MG	Antihistamines			X	02	01	
DESO/ETHINYL TAB ESTRADIO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
DEXAMETHASON TAB 0.5 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	01	04	
DEXAMETHASON TAB 0.75 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	01	04	
DIAZEPAM SOL 5 MG/5 ML	Anxiolytics			X	02	01	
DILTIAZEM CAP 60 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines		X		02	N/A	
DILTIAZEM CAP 90 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines		X		02	N/A	
DILTIAZEM CAP 120 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines		X		02	N/A	
DILTIAZEM CAP 120 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
DILTIAZEM CAP 240 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	
DILTIAZEM TAB 240 MG ER	Cardiovascular Agents		X		02	N/A	
DILTIAZEM ER TAB 180 MG	Cardiovascular Agents		X		02	N/A	
DILTIAZEM ER TAB 240 MG	Cardiovascular Agents		X		02	N/A	
DILT-XR CAP 120 MG	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	
DIVIGEL GEL 0.25 MG	Estrogens		X		03	N/A	
DIVIGEL GEL 0.5 MG	Estrogens		X		03	N/A	
DIVIGEL GEL 0.75 MG	Estrogens		X		03	N/A	
DIVIGEL GEL 1.25 MG	Estrogens		X		03	N/A	
DIVIGEL GEL 1 MG/GM	Estrogens		X		03	N/A	
DOXEPIN HCL CAP 25 MG	Tricyclics			X	02	01	
DOXEPIN HCL CAP 150 MG	Tricyclics	X			N/A	02	
DOXERCALCIF CAP 0.5 MCG	Metabolic Bone Disease Agents		X		02	N/A	
DOXERCALCIF CAP 1 MCG	Metabolic Bone Disease Agents		X		02	N/A	
DOXERCALCIF CAP 2.5 MCG	Metabolic Bone Disease Agents		X		02	N/A	
DOXYCYC MONO TAB 50 MG	Tetracyclines			X	02	01	
DOXYCYCLINE TAB 20 MG	Tetracyclines			X	02	01	
DROSPIR/ETHI TAB 3-0.03 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
DUTAST/TAMSU CAP 0.5-0.4	Benign Prostatic Hypertrophy Agents		X		02	N/A	
EFAVIRENZ CAP 200 MG	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			X	02	04	
EFAVIRENZ CAP 50 MG	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			X	02	04	
ELINEST TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
ENULOSE SOL 10 GM/15	Anti-Constipation Agents			X	02	01	
ESBRIET CAP 267 MG	Pulmonary Fibrosis Agents		X		06	N/A	PA, QL
ESBRIET TAB 267 MG	Pulmonary Fibrosis Agents		X		06	N/A	PA, QL
ESBRIET TAB 801 MG	Pulmonary Fibrosis Agents		X		06	N/A	PA, QL
FIRVANQ SOL 25 MG/ML	Antibacterials, Other		X		04	N/A	
FIRVANQ SOL 50 MG/ML	Antibacterials, Other		X		04	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
FLOVENT DISK AER 50 MCG ***(manufacturer to discontinue product in early 2024)***	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT DISK AER 100 MCG ***(manufacturer to discontinue product in early 2024)***	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT DISK AER 250 MCG ***(manufacturer to discontinue product in early 2024)***	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT HFA AER 44 MCG ***(manufacturer to discontinue product in early 2024)***	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT HFA AER 110 MCG ***(manufacturer to discontinue product in early 2024)***	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT HFA AER 220 MCG ***(manufacturer to discontinue product in early 2024)***	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLUCYTOSINE CAP 250 MG	Antifungals		X		02	N/A	
FLUCYTOSINE CAP 500 MG	Antifungals		X		02	N/A	
FLUOCINONIDE SOL 0.05%	Dermatitis and Pruitus Agents		X		02	N/A	
FLURBIPROFEN TAB 100 MG	Nonsteroidal Anti-inflammatory Drugs			X	02	01	
FLUTICASONE CRE 0.05%	Dermatitis and Pruitus Agents			X	02	01	
GENERLAC SOL 10 GM/15	Anti-Constipation Agents			X	02	01	
GILENYA CAP 0.5 MG	Multiple Sclerosis Agents		X		05	N/A	PA, QL
GUANFACINE TAB 1 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	
GUANFACINE TAB 2 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	
GUANFACINE TAB 3 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	
GUANFACINE TAB 4 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	
HALOPERIDOL CON 2 MG/ML	1st Generation/Typical			X	01	02	
HC/ACET ACID SOL OTIC	Otic Agents			X	02	04	
HETLIOZ CAP 20 MG	Sleep Promoting Agents		X		04	N/A	PA, QL
HETLIOZ LQ SUS 4 MG/ML	Sleep Promoting Agents			X	04	06	PA, QL
HYDROCO/APAP TAB 10-325 MG	Opioid Analgesics, Short-acting			X	02	01	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
HYDROCORT LOT 2.5%	Dermatitis and Pruitus Agents			X	02	01	
ISOSORB MONO TAB 10 MG	Vasodilators, Direct-acting Arterial/Venous			X	01	04	
ISOSORB MONO TAB 20 MG	Vasodilators, Direct-acting Arterial/Venous			X	01	04	
ISRADIPINE CAP 2.5 MG	Calcium Channel Blocking Agents, Dihydropyridines		X		02	N/A	
ISRADIPINE CAP 5 MG	Calcium Channel Blocking Agents, Dihydropyridines		X		02	N/A	
JAVYGTOR PAK 100 MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		X		05	N/A	PA
JAVYGTOR POW 500 MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		X		05	N/A	PA
JAVYGTOR TAB 100 MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		X		05	N/A	PA
KARIVA TAB 28 DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
KETOPROFEN CAP 50 MG	Nonsteroidal Anti-inflammatory Drugs		X		04	N/A	
KETOROLAC TAB 10 MG	Nonsteroidal Anti-inflammatory Drugs			X	02	01	
LACTULOSE SOL 10 GM/15	Anti-Constipation Agents			X	02	01	
LATUDA TAB 20 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LATUDA TAB 40 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LATUDA TAB 60 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LATUDA TAB 80 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LATUDA TAB 120 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LEUCOVOR CA TAB 10 MG	Antineoplastics, Other		X		02	N/A	
LEVOFLOXACIN SOL 0.5%	Ophthalmic Anti-Infectives			X	02	04	
LEVOFLOXACIN SOL 25 MG/ML	Quinolones			X	02	04	
LO LOESTRIN TAB 1-10-10	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	04	03	QL
LOW-OGESTREL TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
MATZIM LA TAB 180 MG/24	Cardiovascular Agents		X		02	N/A	
MATZIM LA TAB 240 MG/24	Cardiovascular Agents		X		02	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
MEDROXYPR AC INJ 150 MG/ML	Progestins			X	01	01	
MEPROBAMATE TAB 200 MG	Anxiolytics	X			N/A	02	
MEPROBAMATE TAB 400 MG	Anxiolytics	X			N/A	02	
METHOTREXATE TAB 2.5 MG	Immunosuppressants			X	02	01	
METHYLPHENID TAB 10 MG	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	
MIRVASO GEL 0.33%	Acne and Rosacea Agents		X		04	N/A	PA, QL
MOUNJARO SOLN PEN-INJECTOR 2.5 MG/0.5 ML	Antidiabetic Agents				03	03	PA
MOUNJARO SOLN PEN-INJECTOR 5 MG/0.5 ML	Antidiabetic Agents				03	03	PA
MOUNJARO SOLN PEN-INJECTOR 7.5 MG/0.5 ML	Antidiabetic Agents				03	03	PA
MOUNJARO SOLN PEN-INJECTOR 10 MG/0.5 ML	Antidiabetic Agents				03	03	PA
MOUNJARO SOLN PEN-INJECTOR 12.5 MG/0.5 ML	Antidiabetic Agents				03	03	PA
MOUNJARO SOLN PEN-INJECTOR 15 MG/0.5 ML	Antidiabetic Agents				03	03	PA
NEOSTIG METH INJ 3 MG/3 ML	Antimyasthenic Agents	X			N/A	N/A	
NEXAVAR TAB 200 MG	Molecular Target Inhibitors		X		05	N/A	PA, QL
NICARDIPINE CAP 20 MG	Calcium Channel Blocking Agents, Dihydropyridines		X		02	N/A	
NICARDIPINE CAP 30 MG	Calcium Channel Blocking Agents, Dihydropyridines		X		02	N/A	
NITROFURANTN CAP 100 MG	Antibacterials, Other			X	02	01	
NOVAREL INJ 5000 UNIT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		X		05	N/A	
NOVAREL INJ 10000 UNT	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		X		05	N/A	
NP THYROID TAB 15 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	01	04	
NP THYROID TAB 30 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	04	
NP THYROID TAB 60 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	04	
NP THYROID TAB 90 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	04	

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NP THYROID TAB 120 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	04	
NYSTAT/TRIAM CRE	Dermatological Agents, Other		X		02	N/A	
NYSTATIN SUS 100000	Antifungals			X	02	01	
OCELLA TAB 3-0.03 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
OLM MED/HCTZ TAB 40-12.5	Cardiovascular Agents, Other			X	02	01	
OLM MED/HCTZ TAB 40-25MG	Cardiovascular Agents, Other			X	02	01	
ONDANSETRON SOL 4 MG/5 ML	Emetogenic Therapy Adjuncts			X	02	01	
ONETOUCH TES ULTRA BLUE	Miscellaneous Products	X			N/A	01	QL
ONETOUCH TES ULTRA	Miscellaneous Products	X			N/A	01	QL
ONETOUCH TES VERIO	Miscellaneous Products	X			N/A	01	QL
ORFADIN CAP 20 MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		X		05	N/A	
OXCARBAZEPIN TAB 150 MG	Sodium Channel Agents			X	02	01	
OZEMPIC SOLN PEN-INJECTOR 0.25 OR 0.5 MG/DOSE (2 MG/3 ML)	Antidiabetic Agents				03	03	PA
OZEMPIC SOLN PEN-INJECTOR 1 MG/DOSE (4 MG/3 ML)	Antidiabetic Agents				03	03	PA
OZEMPIC SOLN PEN-INJECTOR 2 MG/DOSE (8 MG/3 ML)	Antidiabetic Agents				03	03	PA
PALONOSETRON INJ 0.25 MG/5	Emetogenic Therapy Adjuncts	X			N/A	N/A	
PARICALCITOL CAP 2 MCG	Metabolic Bone Disease Agents		X		02	N/A	
PARICALCITOL CAP 4 MCG	Metabolic Bone Disease Agents		X		02	N/A	
PERINDOPRIL TAB 8 MG	Angiotensin-converting Enzyme (ACE) Inhibitors			X	02	04	
PHENELZINE TAB 15 MG	Monoamine Oxidase Inhibitors			X	02	04	
PHOSPHO-TRIN TAB K500	Misc GU Products, Acidifiers & Alkalinizers			X	02	01	
PIMTREA TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
PRADAXA CAP 75 MG	Anticoagulants		X		04	N/A	PA, QL

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PRADAXA CAP 150 MG	Anticoagulants		X		04	N/A	PA, QL
PREDNISONE PAK 10 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	02	01	
PREVALITE POW 4 GM PK	Dyslipidemics, Other		X		02	N/A	
PROPARACAINE SOL 0.5% OP	Ophthalmic Agents, Other		X		02	N/A	
PROPRANOLOL SOL 20 MG/5 ML	Beta-adrenergic Blocking Agents			X	02	01	
QNAPRIL/HCTZ TAB 20-12.5	Cardiovascular Agents, Other			X	02	04	
QNAPRIL/HCTZ TAB 20-25 MG	Cardiovascular Agents, Other			X	02	04	
QUETIAPINE TAB 150 MG ER	2nd Generation/Atypical			X	02	01	
RABEPRAZOLE TAB 20 MG	Proton Pump Inhibitors			X	02	01	
REVCOVI INJ 1.6 MG/ML	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			X	03	05	
RHOPRESSA SOL 0.02%	Ophthalmic Intraocular Pressure Lowering Agents, Other		X		04	N/A	ST, QL
RIZATRIPTAN TAB 10 MG ODT	Serotonin (5-HT) Receptor Agonist			X	02	01	
RIZATRIPTAN TAB 5 MG ODT	Serotonin (5-HT) Receptor Agonist			X	02	01	
RYBELSUS TAB 3 MG	Antidiabetic Agents				03	03	PA
RYBELSUS TAB 7 MG	Antidiabetic Agents				03	03	PA
RYBELSUS TAB 14 MG	Antidiabetic Agents				03	03	PA
SIMLIYA TAB 28 DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
SOLIFENACIN TAB 10 MG	Antispasmodics, Urinary			X	02	01	
SOTALOL AF TAB 120 MG	Antiarrhythmics			X	01	02	
SOTALOL AF TAB 160 MG	Antiarrhythmics			X	01	02	
SPRAVATO SOL 56 MG DOS	Antidepressants, Other	X			N/A	N/A	
SPRAVATO SOL 84 MG DOS	Antidepressants, Other	X			N/A	N/A	
SUMATRIPTAN INJ 4 MG/0.5	Serotonin (5-HT) Receptor Agonist		X		04	N/A	
SUMATRIPTAN INJ 6 MG/0.5	Serotonin (5-HT) Receptor Agonist		X		04	N/A	
SUPREP BOWEL SOL PREP KIT	Gastrointestinal Agents, Other		X		03	N/A	
SYEDA TAB 3-0.03 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
SYNRIBO INJ 3.5 MG	Antineoplastics, Other			X	03	05	
TAMOXIFEN TAB 20 MG	Antiestrogens/Modifiers			X	02	01	
TASIMELTEON CAP 20 MG	Sleep Promoting Agents			X	02	04	PA, QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
TELMISARTAN TAB 20 MG	Angiotensin II Receptor Antagonists			X	02	01	
TESTOST CYP INJ 100 MG/ML	Androgens			X	02	01	PA, QL
TEZSPIRE INJ 210 MG	Monoclonal Antibodies	X			N/A	05	PA, QL
TRIMETHOPRIM TAB 100 MG	Antibacterials, Other		X		04	N/A	
TRULICITY SOLN PEN-INJECTOR 0.75 MG/0.5 ML	Antidiabetic Agents				03	03	PA
TRULICITY SOLN PEN-INJECTOR 1.5 MG/0.5 ML	Antidiabetic Agents				03	03	PA
TRULICITY SOLN PEN-INJECTOR 3 MG/0.5 ML	Antidiabetic Agents				03	03	PA
TRULICITY SOLN PEN-INJECTOR 4.5 MG/0.5 ML	Antidiabetic Agents				03	03	PA
VALSARTAN TAB 320 MG	Angiotensin II Receptor Antagonists			X	02	01	
VANDAZOLE GEL 0.75%	Antibacterials, Other		X		04	N/A	
VASCEPA CAP 0.5 GM	Dyslipidemics, Other		X		03	N/A	PA, QL
VASCEPA CAP 1 GM	Dyslipidemics, Other		X		03	N/A	PA, QL
VELIVET PAK	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	04	
VERAPAMIL CAP 360 MG SR	Calcium Channel Blocking Agents, Nondihydropyridines		X		04	N/A	
VICTOZA INJ 18 MG/3 ML	Antidiabetic Agents		X		03	N/A	PA, QL
VIIBRYD TAB 10 MG	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		X		04	N/A	ST, QL
VIIBRYD TAB 20 MG	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		X		04	N/A	ST, QL
VIIBRYD TAB 40 MG	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		X		04	N/A	ST, QL
VIMPAT SOL 10 MG/ML	Sodium Channel Agents		X		04	N/A	
VIORELE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
VOLNEA TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
VYVANSE CAP 10 MG	Central Nervous System Agents			X	03	04	PA, QL

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
VYVANSE CAP 20 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 30 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 40 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 50 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 60 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 70 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 10 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 20 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 30 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 40 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 50 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 60 MG	Central Nervous System Agents			X	03	04	PA, QL
XYREM SOL 500 MG/ML	Wakefulness Promoting Agents		X		06	N/A	PA, QL
YONSA TAB 125 MG	Antineoplastics		X		05	N/A	PA, QL
ZEPATIER TAB 50-100 MG	Anti-hepatitis C (HCV) Agents	X			N/A	06	PA, QL
ZOLMITRIPTAN TAB 2.5 MG	Serotonin (5-HT) Receptor Agonist		X		02	N/A	
ZOLMITRIPTAN TAB 5 MG ODT	Serotonin (5-HT) Receptor Agonist		X		02	N/A	
ZORTRESS TAB 1 MG	Immunosuppressants		X		04	N/A	
ZUMANDIMINE TAB 3-0.03 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	

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