FORMULARY UPDATES

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	* Coverage requires FDA labeled diagnosis code with claim or clinical review for medical necessity.

Date Effective	Product Name	Change	Notes
07/01/2025	Tacrolimus 0.03% ointment	Add to Formulary, QL	QL up to 100 gm/30 days
07/01/2025	Tacrolimus 0.1% ointment	Add to Formulary, QL	QL up to 100 gm/30 days
07/01/2025	Pimecrolimus 1% cream	Add to Formulary with PA, QL	QL up to 100 gm/30 days
07/01/2025	Emgality	Add to Formulary with PA	
07/01/2025	Yesintek and Pyzchiva	Add to Formulary*	
07/01/2025	Dapagliflozin 5mg, 10mg	Add to Formulary*	
07/01/2025	Estradiol Twice weekly patches	Add to Formulary with QL, AGE	QL up to 8 patches per month, AGE min 18 years
07/01/2025	Estradiol Once weekly patches	Add to Formulary with QL, AGE	QL up to 4 patches per month, AGE min 18 years
07/01/2025	Docycycline hyclate 100mg CAPs and TABs	Add to Formulary with QL	QL up to 2 CAPs or TABs per day
07/01/2025	Cabometyx 20mg, 40mg, 60mg	Add to Formulary with QL*	QL
07/01/2025	Jakafi 5mg, 10mg, 15mg, 20mg, 25mg	Add to Formulary with QL*	QL
07/01/2025	Lenvima 4mg, 8mg, 10mg, 12mg, 14mg, 18mg, 20mg, and 24mg	Add to Formulary with QL*	QL
07/01/2025	Pazopanib 200mg	Add to Formulary*	QL
07/01/2025	Venclexta 50mg, 100mg, Starter Pack	Add to Formulary*	QL
07/01/2025	Verzenio 50mg, 100mg, 150mg, 200mg	Add to Formulary with QL*	QL