

5.-TIER EXCELLUS (CY2024) Updates

January, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	TERM AUTO RULE		
01/01/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	KOURZEQ	<i>triamcinolone acetonide</i>	NEW AUTO RULE		Generics
01/01/2024	<i>prednisone</i>	<i>prednisone</i>	NEW AUTO RULE		Preferred Generics
01/01/2024	<i>mupirocin</i>	<i>mupirocin calcium</i>	NEW AUTO RULE		Non-Formulary
01/01/2024	BETASERON	<i>interferon beta-1b</i>	TERM AUTO RULE		
01/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/01/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2024	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	CHANGE UM: QUANTITY		17 / 30 DAYS
01/01/2024	<i>desonide</i>	<i>desonide</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/01/2024	ALORA	<i>estradiol</i>	TERM AUTO RULE		
01/01/2024	XACIATO	<i>clindamycin phosphate</i>	NEW AUTO RULE		Non-Formulary
01/01/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/01/2024	SPIRIVA RESPIMAT	<i>tiotropium bromide</i>	TERM AUTO RULE		
01/01/2024	<i>zolmitriptan odt</i>	<i>zolmitriptan</i>	TERM AUTO RULE		

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs are lower-case italics.*

5.-TIER EXCELLUS (CY2024) Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	RETIN-A MICRO PUMP	<i>tretinoin microspheres</i>	TERM AUTO RULE		
01/01/2024	<i>sumatriptan succinate</i>	<i>sumatriptan succinate</i>	TERM AUTO RULE		
01/01/2024	<i>naratriptan</i>	<i>naratriptan hcl</i>	TERM AUTO RULE		
01/01/2024	UCERIS	<i>budesonide</i>	TERM AUTO RULE		
01/01/2024	URIBEL TABS	<i>methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin</i>	NEW AUTO RULE		Enhanced Preferred Brand
01/01/2024	<i>diltiazem 24hr er (cd)</i>	<i>diltiazem hcl</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	<i>ursodiol</i>	<i>ursodiol</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	<i>clarithromycin er</i>	<i>clarithromycin</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	GILENYA	<i>fingolimod hcl</i>	TERM AUTO RULE		
01/01/2024	LATUDA	<i>lurasidone hcl</i>	TERM AUTO RULE		
01/01/2024	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	CHANGE TIER		Generics
01/01/2024	<i>metronidazole</i>	<i>metronidazole</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	<i>podofilox</i>	<i>podofilox</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/01/2024	<i>pen needle</i>	<i>pen needle, diabetic</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	<i>fenofibrate</i>	<i>fenofibrate, micronized</i>	TERM AUTO RULE		
01/01/2024	FETZIMA	<i>levomilnacipran hcl</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	LEXETTE	<i>halobetasol propionate</i>	NEW AUTO RULE		Non-Formulary

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5.-TIER EXCELLUS (CY2024) Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>theophylline anhydrous</i>	<i>theophylline anhydrous</i>	NEW AUTO RULE		Generics
01/01/2024	VIIBRYD	<i>vilazodone hcl</i>	TERM AUTO RULE		
01/01/2024	<i>clindamycin phos-tretinoin</i>	<i>clindamycin phosphate/tretinoin</i>	NEW AUTO RULE		Non-Formulary
01/01/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	TERM AUTO RULE		
01/01/2024	<i>sofosbuvir-velpatasvir</i>	<i>sofosbuvir/velpatasvir</i>	TERM AUTO RULE		
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	UM AUTO RULE: AUTHORIZATION		ALPHA-1 ANTITRYPSIN THERAPY
01/01/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	NEW AUTO RULE		Preferred Generics
01/01/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/01/2024	FLOVENT DISKUS	<i>fluticasone propionate</i>	TERM AUTO RULE		
01/01/2024	<i>streptomycin sulfate</i>	<i>streptomycin sulfate</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/01/2024	<i>naratriptan hcl</i>	<i>naratriptan hcl</i>	TERM AUTO RULE		
01/01/2024	<i>lithium carbonate</i>	<i>lithium carbonate</i>	NEW AUTO RULE		Preferred Generics
01/01/2024	VENTAVIS	<i>iloprost tromethamine</i>	TERM AUTO RULE		
01/01/2024	<i>diltiazem 24hr er</i>	<i>diltiazem hcl</i>	NEW AUTO RULE		Non-Formulary
01/01/2024	JAVYGTOR	<i>sapropterin dihydrochloride</i>	TERM AUTO RULE		

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01/01/2024	ORFADIN	<i>nitisinone</i>	TERM AUTO RULE		
01/01/2024	ONZETRA XSAIL	<i>sumatriptan succinate</i>	TERM AUTO RULE		
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	NEW AUTO RULE		Non-Formulary
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	TERM AUTO RULE		
01/01/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	NEW AUTO RULE		Generics
01/01/2024	STIOLTO RESPIMAT	<i>tiotropium bromide/olodaterol hcl</i>	TERM AUTO RULE		
01/01/2024	MAVENCLAD	<i>cladribine</i>	TERM AUTO RULE		
01/01/2024	AUBAGIO	<i>teriflunomide</i>	TERM AUTO RULE		
01/01/2024	COPAXONE	<i>glatiramer acetate</i>	TERM AUTO RULE		
01/01/2024	<i>fluocinonide</i>	<i>fluocinonide</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	AVITA	<i>tretinoin</i>	TERM AUTO RULE		
01/01/2024	<i>ledipasvir-sofosbuvir</i>	<i>ledipasvir/sofosbuvir</i>	TERM AUTO RULE		
01/01/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	TERM AUTO RULE		
01/01/2024	EXTAVIA	<i>interferon beta-1b</i>	TERM AUTO RULE		
01/01/2024	SPIRIVA HANDIHALER	<i>tiotropium bromide</i>	TERM AUTO RULE		
01/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	NEW AUTO RULE		Specialty
01/01/2024	TROKENDI XR	<i>topiramate</i>	TERM AUTO RULE		
01/01/2024	ENILLORING	<i>etonogestrel/ethinyl estradiol</i>	NEW AUTO RULE		Preferred Brands

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	<i>methylprednisolone</i>	<i>methylprednisolone</i>	NEW AUTO RULE		Preferred Brands
01/01/2024	FLOVENT HFA	<i>fluticasone propionate</i>	TERM AUTO RULE		
01/01/2024	TEMIXYS	<i>lamivudine/tenofovir disoproxil fumarate</i>	TERM AUTO RULE		
01/01/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	TERM AUTO RULE		
01/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	NEW AUTO RULE		Generics
01/12/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	NEW AUTO RULE		Non-Formulary
01/12/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: QUANTITY		DAYS
01/12/2024	IXCHIQ	<i>chikungunya vaccine, live/preservative free</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/12/2024	VOTRIENT	<i>pazopanib hcl</i>	NEW AUTO RULE		Non-Formulary
01/12/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	TERM AUTO RULE		
01/12/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	NEW AUTO RULE		Non-Formulary
01/12/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	ADD UM: QUANTITY		30 / 90 DAYS
01/12/2024	VOTRIENT	<i>pazopanib hcl</i>	TERM AUTO RULE		
01/12/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	ADD TO FORMULARY	Non-Formulary	NON-PREFERRED DRUGS
01/12/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	TERM AUTO RULE		
01/13/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	DRUG ATTR CHANGE OVERRIDE	Generics	Generics

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01/19/2024	OZEMPIC	<i>semaglutide</i>	TERM AUTO RULE		
01/19/2024	IWILFIN	<i>eflornithine hcl</i>	NEW AUTO RULE		Specialty
01/19/2024	ZENPEP	<i>lipase/protease/amylase</i>	NEW AUTO RULE		Preferred Brands
01/19/2024	PENBRAYA	<i>meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
01/19/2024	VIGPODER	<i>vigabatrin</i>	NEW AUTO RULE		Specialty
01/26/2024	KLAYESTA	<i>nystatin</i>	NEW AUTO RULE		Generics
01/26/2024	BOSULIF	<i>bosutinib</i>	TERM AUTO RULE		
01/26/2024	BOSULIF	<i>bosutinib</i>	NEW AUTO RULE		Specialty

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5.-TIER EXCELLUS (CY2024) Updates

February, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
02/01/2024	XACIATO	<i>clindamycin phosphate</i>	NEW AUTO RULE		Non-Formulary
02/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
02/01/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
02/09/2024	<i>mifepristone</i>	<i>mifepristone</i>	NEW AUTO RULE		Specialty
02/09/2024	OZEMPIC	<i>semaglutide</i>	TERM AUTO RULE		
02/09/2024	<i>mifepristone</i>	<i>mifepristone</i>	TERM AUTO RULE		
02/09/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	NEW AUTO RULE		Specialty
02/09/2024	<i>estradiol</i>	<i>estradiol</i>	NEW AUTO RULE		Generics
02/09/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	TERM AUTO RULE		
02/16/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	NEW AUTO RULE		Preferred Brands
02/16/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	NEW AUTO RULE		Preferred Brands
02/16/2024	<i>gabapentin er</i>	<i>gabapentin</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
02/19/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	TERM AUTO RULE		

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/19/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: QUANTITY	DAYS	
02/19/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	TERM AUTO RULE		
02/23/2024	TEGLUTIK	<i>riluzole</i>	NEW AUTO RULE		Specialty
02/24/2024	<i>hydrocodone- acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	NEW AUTO RULE		Preferred Brands

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5.-TIER EXCELLUS (CY2024) Updates

March, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>safety pen needle</i>	<i>pen needle, diabetic, safety</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>safetyglide insulin syringe</i>	<i>syringe with needle, insulin, safety, 0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>dropsafe pen needle</i>	<i>pen needle, diabetic, safety</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>true comfort pro ins syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>true comfort pro ins syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	ZIPHEX	<i>prenatal vitamins no.147/ferrous gluconate/folic acid</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
03/01/2024	<i>sure comfort insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
03/01/2024	<i>unifine safecontrol</i>	<i>pen needle, diabetic disposable, safety</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>true comfort pro pen needle</i>	<i>pen needle, diabetic</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>omnipod 5 g6-g7 intro kt(gen5)</i>	<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>	NEW AUTO RULE		NON-PREFERRED DRUGS

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5.-TIER EXCELLUS (CY2024) Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>ulticare safety pen needle</i>	<i>pen needle, diabetic, safety</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>raya sure pen needle</i>	<i>pen needle, diabetic</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>ultra flo insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>ulticare insulin syringe</i>	<i>syringe with needle, insulin 0.3 ml (half unit mark)</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>caretouch insulin syringe</i>	<i>syringe with needle, insulin, 0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>ulticare insulin syringe</i>	<i>syringe with needle, insulin, 0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle, insulin, 0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	WESNATE DHA	<i>prenatal vitamins no. 11/ferrous fumarate/folic acid/omega-3</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
03/01/2024	<i>pentips</i>	<i>pen needle, diabetic</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>mini pen needle</i>	<i>pen needle, diabetic</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>droplet insulin syringe</i>	<i>syringe with needle, insulin, 0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>assure id insulin safety</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>assure id insulin safety</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	NEW AUTO RULE		Preferred Brands

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5.-TIER EXCELLUS (CY2024) Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>easy touch insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>true comfort pro alcohol pads</i>	<i>alcohol antiseptic pads</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>easy glide insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>prenatal plus vitamin-mineral</i>	<i>prenatal vitamins no.180/ferrous fumarate/folic acid</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
03/01/2024	<i>techlite insulin syringe</i>	<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>sky safety pen needle</i>	<i>pen needle, diabetic, safety</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	XOLAIR	<i>omalizumab</i>	NEW AUTO RULE		Specialty
03/01/2024	<i>ultra flo insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>easy touch safety pen needle</i>	<i>pen needle, diabetic, safety</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>sure comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	ZENPEP	<i>lipase/protease/amylase</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	VIGPODER	<i>vigabatrin</i>	NEW AUTO RULE		Specialty
03/01/2024	<i>deflazacort</i>	<i>deflazacort</i>	NEW AUTO RULE		Specialty
03/01/2024	<i>omnipod 5 g6-g7 pods (gen 5)</i>	<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>	NEW AUTO RULE		NON-PREFERRED DRUGS

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5.-TIER EXCELLUS (CY2024) Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>ultracare insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
03/01/2024	<i>prednisolone sodium phosphate</i>	<i>prednisolone sodium phosphate</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>healthwise insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	NEW AUTO RULE		Preferred Brands
03/01/2024	<i>dropsafe prep pads</i>	<i>alcohol antiseptic pads</i>	NEW AUTO RULE		Preferred Brands
03/15/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
03/15/2024	<i>tiopronin</i>	<i>tiopronin</i>	NEW AUTO RULE		Specialty
03/26/2024	MOTPOLY XR	<i>lacosamide</i>	NEW AUTO RULE		NON-PREFERRED DRUGS

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5.-TIER EXCELLUS (CY2024) Updates

April, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2024	DENTA 5000 PLUS SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	NEW AUTO RULE		Generics
04/26/2024	<i>modafinil</i>	<i>modafinil</i>	UM AUTO RULE: AUTHORIZATION		SLEEP DISORDERS
04/26/2024	ORMALVI	<i>dichlorphenamide</i>	NEW AUTO RULE		Specialty
04/26/2024	<i>modafinil</i>	<i>modafinil</i>	TERM AUTO RULE		

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5.-TIER EXCELLUS (CY2024) Updates

May, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	MOTPOLY XR	<i>lacosamide</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
05/03/2024	EMZAHH	<i>norethindrone</i>	NEW AUTO RULE		Generics
05/03/2024	<i>mirabegron er</i>	<i>mirabegron</i>	NEW AUTO RULE		Preferred Brands
05/03/2024	TRELEGY ELLIPTA	<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenat</i>	TERM AUTO RULE		
05/09/2024	<i>sumatriptan succinate</i>	<i>sumatriptan succinate</i>	UM AUTO RULE: QUANTITY		18 / 30 OVER TIME
05/09/2024	<i>sumatriptan succinate</i>	<i>sumatriptan succinate</i>	REMOVE UM: QUANTITY	18 / 30 OVER TIME	
05/10/2024	XCOPRI	<i>cenobamate</i>	NEW AUTO RULE		Specialty
05/10/2024	EXTENCILLINE	<i>penicillin g benzathine</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
05/10/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	NEW AUTO RULE		Specialty
05/10/2024	OPSYNVI	<i>macitentan/tadalafil</i>	NEW AUTO RULE		Specialty
05/17/2024	<i>estradiol</i>	<i>estradiol</i>	NEW AUTO RULE		Preferred Brands
05/24/2024	LYTGOBI	<i>futibatinib</i>	DRUG ATTR CHANGE OVERRIDE	Specialty	Specialty
05/24/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	NEW AUTO RULE		Specialty
05/24/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	NEW AUTO RULE		Specialty
05/24/2024	CYLTEZO(CF) PEN CROHN'S-UC-HS	<i>adalimumab-adbm</i>	NEW AUTO RULE		Specialty

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs are lower-case italics.*

5.-TIER EXCELLUS (CY2024) Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	NEW AUTO RULE		Specialty
05/24/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	NEW AUTO RULE		Specialty
05/31/2024	OJEMDA	<i>tovorafenib</i>	NEW AUTO RULE		Specialty

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5.-TIER EXCELLUS (CY2024) Updates

June, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2024	FASENRA	<i>benralizumab</i>	NEW AUTO RULE		Specialty
06/07/2024	KIONEX	<i>sodium polystyrene sulfonate/sorbitol solution</i>	NEW AUTO RULE		Generics
06/14/2024	JYLAMVO	<i>methotrexate</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
06/14/2024	<i>deflazacort</i>	<i>deflazacort</i>	NEW AUTO RULE		Specialty
06/21/2024	MYHIBBIN	<i>mycophenolate mofetil</i>	NEW AUTO RULE		Specialty
06/21/2024	AUSTEDO XR	<i>deutetrabenazine</i>	NEW AUTO RULE		Specialty
06/28/2024	VIJOICE	<i>alpelisib</i>	NEW AUTO RULE		Specialty
06/28/2024	RINVOQ LQ	<i>upadacitinib</i>	NEW AUTO RULE		Specialty
06/28/2024	<i>inpen (for novolog or fiasp)</i>	<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
06/28/2024	KERENDIA	<i>finerenone</i>	NEW AUTO RULE		Preferred Brands

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5.-TIER EXCELLUS (CY2024) Updates

July, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	MRESVIA	<i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
07/12/2024	SCEMBLIX	<i>asciminib hydrochloride</i>	NEW AUTO RULE		Specialty
07/19/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	NEW AUTO RULE		Specialty
07/19/2024	OJEMDA	<i>tovorafenib</i>	NEW AUTO RULE		Specialty
07/19/2024	KABIVEN	<i>amino acid 3.31 % no. 1/d10.8w/fat emulsion/electrolyte no.10</i>	DRUG ATTR CHANGE OVERRIDE	NON-PREFERRED DRUGS	NON-PREFERRED DRUGS
07/26/2024	AUSTEDO XR	<i>deutetrabenazine</i>	NEW AUTO RULE		Specialty
07/26/2024	ACTHAR SELFJECT	<i>corticotropin</i>	NEW AUTO RULE		Specialty
07/26/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	UM AUTO RULE: QUANTITY		2 / 28 DAYS
07/26/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	TERM AUTO RULE		
07/26/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	NEW AUTO RULE		Specialty

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5.-TIER EXCELLUS (CY2024) Updates

August, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	LIBERVANT	<i>diazepam</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
08/02/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
08/02/2024	<i>l-glutamine</i>	<i>glutamine</i>	NEW AUTO RULE		Specialty
08/16/2024	LIVMARLI	<i>maralixibat chloride</i>	NEW AUTO RULE		Specialty
08/16/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	NEW AUTO RULE		Preferred Brands
08/16/2024	NEULASTA	<i>pegfilgrastim</i>	UM AUTO RULE: QUANTITY		2 / 28 OVER TIME
08/16/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	UM AUTO RULE: QUANTITY		2 / 28 OVER TIME
08/16/2024	UDENYCA AUTOINJECTOR	<i>pegfilgrastim-cbqv</i>	UM AUTO RULE: QUANTITY		2 / 28 OVER TIME
08/16/2024	UDENYCA	<i>pegfilgrastim-cbqv</i>	UM AUTO RULE: QUANTITY		2 / 28 OVER TIME
08/16/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	UM AUTO RULE: QUANTITY		6 / 28 DAYS
08/16/2024	LENTOCILIN S	<i>penicillin g benzathine</i>	NEW AUTO RULE		NON-PREFERRED DRUGS
08/23/2024	OTEZLA	<i>apremilast</i>	NEW AUTO RULE		Specialty
08/23/2024	VIGAFYDE	<i>vigabatrin</i>	NEW AUTO RULE		Specialty
08/23/2024	RETEVMO	<i>selpercatinib</i>	NEW AUTO RULE		Specialty
08/30/2024	VORANIGO	<i>vorasidenib citrate</i>	NEW AUTO RULE		Specialty

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5.-TIER EXCELLUS (CY2024) Updates

September, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/02/2024	UKONIQ	<i>umbralisib tosylate</i>	NEW AUTO RULE		Non-Formulary
09/02/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	NEW AUTO RULE		Generics
09/13/2024	LAZCLUZE	<i>lazertinib mesylate</i>	NEW AUTO RULE		Specialty
09/13/2024	<i>lofexidine hcl</i>	<i>lofexidine hcl</i>	NEW AUTO RULE		Specialty

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