

**FORMULARY ADDITIONS UPDATE:**

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

| <b>FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG</b> |                              |                                 |             |                                     |
|---|------------------------------|---------------------------------|-------------|-------------------------------------|
| <b>Drug Name</b>  | <b>Description of Change</b> | <b>Effective Date of Change</b> | <b>Tier</b> | <b>Utilization Management Notes</b> |
| 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           |                                     |

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| <b>Drug Name</b>  | <b>Description of Change</b> | <b>Effective Date of Change</b> | <b>Tier</b> | <b>Utilization Management Notes</b> |
| 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           |                                     |

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| 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                               |

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| 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                               |

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| 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                                  |

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| 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                               |

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| 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                                  |

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| 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                                  |



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| 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                          |

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| 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                                  |

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

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