

# UPHP MEDICAID FORMULARY Updates

December, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/21/2023	<i>epinephrine</i>	<i>epinephrine</i>	ADD UM: B4G		BRAND FOR GENERIC
12/21/2023	<i>epinephrine</i>	<i>epinephrine</i>	REMOVE UM: PANAME	Non Preferred PA	

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

# UPHP MEDICAID FORMULARY Updates

January, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	FLOVENT HFA	<i>fluticasone propionate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
01/01/2024	FLOVENT HFA	<i>fluticasone propionate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
01/01/2024	FLOVENT HFA	<i>fluticasone propionate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
01/01/2024	<i>fluticasone propionate hfa</i>	<i>fluticasone propionate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	<i>fluticasone propionate hfa</i>	<i>fluticasone propionate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	<i>fluticasone propionate hfa</i>	<i>fluticasone propionate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	<i>fluticasone propionate hfa</i>	<i>fluticasone propionate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	<i>fluticasone propionate hfa</i>	<i>fluticasone propionate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	<i>fluticasone propionate hfa</i>	<i>fluticasone propionate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
01/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
01/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
01/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
01/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
01/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: COV	Use brand over generic	
01/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: COV	Use brand over generic	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: COV	Use brand over generic	
01/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: COV	Use brand over generic	
01/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: COV	Use brand over generic	
01/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: COV	Use brand over generic	
01/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Non-Preferred	Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: COV	Use brand over generic	
01/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: COV	Use brand over generic	
01/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: COV	Use brand over generic	
01/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/01/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	ADD TO FORMULARY		Non-Preferred
01/01/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	ADD UM: QUANTITY		0.6/14 days
01/01/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	ADD UM: DRUGCLASS		COLONY STIMULATING FACTORS

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	ADD UM: PANAME		Non Preferred PA
01/01/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD TO FORMULARY		Non-Preferred
01/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: QUANTITY		90/claim
01/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: DRUGCLASS		INSULINS, BASAL
01/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD TO FORMULARY		Non-Preferred
01/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: QUANTITY		90/claim
01/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: DRUGCLASS		INSULINS, BASAL
01/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	AMONDYS-45	<i>casimersen</i>	ADD UM: CUSTOM		CARVE OUT- BILL MDCH FFS
01/02/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>epinephrine</i>	<i>epinephrine</i>	CHANGE TIER	Non-Preferred	Preferred

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01/05/2024	<i>epinephrine</i>	<i>epinephrine</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
01/05/2024	VIVITROL	<i>naltrexone microspheres</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OXTELLAR XR	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTENSIN	<i>benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZESTORETIC	<i>lisinopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OXTELLAR XR	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OXTELLAR XR	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MINIPRESS	<i>prazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STEGLATRO	<i>ertugliflozin pidolate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STEGLATRO	<i>ertugliflozin pidolate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIOKACE	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole dihydrochloride</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SITAVIG	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>medroxyprogesterone acetate</i>	<i>medroxyprogesterone acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AVAPRO	<i>irbesartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SORINE	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>labetalol hcl</i>	<i>labetalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa</i>	<i>carbidopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MICARDIS HCT	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRECOSE	<i>acarbose</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XIGDUO XR	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GLYNASE	<i>glyburide, micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole er</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>ropinirole er</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole er</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRACLEER	<i>bosentan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MAVYRET	<i>glecaprevir/pibrentasvir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANUMET	<i>sitagliptin phosphate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>zafirlukast</i>	<i>zafirlukast</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>bisoprolol fumarate-hctz, bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XARELTO	<i>rivaroxaban</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole hcl</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AMARYL	<i>glimepiride</i>	ADD UM: FI1		Maintenance Medication

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01/05/2024	PROVERA	<i>medroxyprogesterone acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sotalol</i>	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDURA	<i>doxazosin mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole er</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole er</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole er</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole er</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>tiagabine hcl</i>	<i>tiagabine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRULICITY	<i>dulaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRULICITY	<i>dulaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DILANTIN	<i>phenytoin sodium extended</i>	ADD UM: FI1		Maintenance Medication

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01/05/2024	<i>candesartan-hydrochlorothiazide</i>	<i>candesartan cilexetil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZESTORETIC	<i>lisinopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MINIPRESS	<i>prazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>felodipine er</i>	<i>felodipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROMETRIUM	<i>progesterone, micronized, progesterone, micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glyburide-metformin hcl</i>	<i>glyburide/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ATACAND HCT	<i>candesartan cilexetil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COLESTID	<i>colestipol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	WELCHOL	<i>colesevelam hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>colesevelam hcl</i>	<i>colesevelam hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AZILECT	<i>rasagiline mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AZILECT	<i>rasagiline mesylate</i>	ADD UM: FI1		Maintenance Medication

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01/05/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TENORMIN	<i>atenolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FELBATOL	<i>felbamate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OZEMPIC	<i>semaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DEPAKOTE	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er, diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QUESTRAN	<i>cholestyramine (with sugar)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMALOG	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication

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01/05/2024	HYZAAR	<i>losartan potassium/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTREL	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FYCOMPA	<i>perampanel</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FYCOMPA	<i>perampanel</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole dihydrochloride</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ALYQ	<i>tadalafil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ethosuximide</i>	<i>ethosuximide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BRILINTA	<i>ticagrelor</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>betaxolol hcl</i>	<i>betaxolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GLUCOTROL XL	<i>glipizide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>warfarin sodium</i>	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin lispro kwikpen u-100</i>	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin aspart penfill</i>	<i>insulin aspart</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>colesevelam hcl</i>	<i>colesevelam hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTENSIN HCT	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>glyburide</i>	<i>glyburide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa, carbido pa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>isradipine</i>	<i>isradipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VERELAN PM	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone- salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa- levodopa- entacapone</i>	<i>carbidopa/levodopa/entacap one</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa- levodopa- entacapone</i>	<i>carbidopa/levodopa/entacap one</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa- levodopa- entacapone</i>	<i>carbidopa/levodopa/entacap one</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin aspart flexpen</i>	<i>insulin aspart</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>valproic acid</i>	<i>valproate sodium, valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AJOVY AUTOINJECTOR	<i>fremanezumab-vfrm</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin aspart prot mix 70-30</i>	<i>insulin aspart protamine human/insulin aspart</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glyburide-metformin hcl</i>	<i>glyburide/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMULIN R	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TUDORZA PRESSAIR	<i>aclidinium bromide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>moexipril hcl</i>	<i>moexipril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIKACE	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin aspart</i>	<i>insulin aspart</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLOG MIX 70-30	<i>insulin aspart protamine human/insulin aspart</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SINEMET 25-100	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AFREZZA	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INBRIJA	<i>levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTENSIN	<i>benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OPSUMIT	<i>macitentan</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>diltiazem 24hr er, diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>trandolapril</i>	<i>trandolapril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STALEVO 150	<i>carbidopa/levodopa/entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	REZVOGLAR KWIKPEN	<i>insulin glargine-aglr</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STALEVO 50	<i>carbidopa/levodopa/entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STALEVO 100	<i>carbidopa/levodopa/entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lanthanum carbonate</i>	<i>lanthanum carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ALTACE	<i>ramipril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QUESTRAN LIGHT	<i>cholestyramine/aspartame</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ANORO ELLIPTA	<i>umeclidinium bromide/vilanterol trifenate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>calcium acetate</i>	<i>calcium acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ATACAND HCT	<i>candesartan cilexetil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	STRATTERA	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STRATTERA	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FIASP PUMPCART	<i>insulin aspart (niacinamide)/pump cartridge</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STRATTERA	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>medroxyprogesterone acetate</i>	<i>medroxyprogesterone acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonidine hcl</i>	<i>clonidine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glyburide</i>	<i>glyburide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOPAMAX	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clobazam</i>	<i>clobazam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ONFI	<i>clobazam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STRATTERA	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMALOG MIX 75-25	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRILEPTAL	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>topiramate er</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOUJEO SOLOSTAR	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate er</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate er</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate er</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate er</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>labetalol hcl</i>	<i>labetalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DILANTIN-125	<i>phenytoin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>niacin</i>	<i>niacin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SPIRIVA RESPIMAT	<i>tiotropium bromide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIADYLT ER	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZARONTIN	<i>ethosuximide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>ethosuximide</i>	<i>ethosuximide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIOVAN HCT	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYMLINPEN 120	<i>pramlintide acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SPIRIVA RESPIMAT	<i>tiotropium bromide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYMLINPEN 60	<i>pramlintide acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>aliskiren</i>	<i>aliskiren hemifumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>niacin,plain niacin</i>	<i>niacin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DILT-XR	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DILT-XR	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DILT-XR	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>zonisamide</i>	<i>zonisamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIOVAN HCT	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atenolol</i>	<i>atenolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLIN 70-30 FLEXPEN	<i>insulin nph human isophane/insulin regular, human</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIAZAC	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>aliskiren</i>	<i>aliskiren hemifumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEKTURNA	<i>aliskiren hemifumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEKTURNA	<i>aliskiren hemifumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRADJENTA	<i>linagliptin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nifedipine er</i>	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYNJARDY	<i>empagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZOVIRAX	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>levalbuterol hcl</i>	<i>levalbuterol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYNJARDY	<i>empagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYNJARDY	<i>empagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZOVIRAX	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZARONTIN	<i>ethosuximide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr cd,diltiazem 24hr er,diltiazem 24hr er (cd),diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>zafirlukast</i>	<i>zafirlukast</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SOVALDI	<i>sofosbuvir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYNJARDY	<i>empagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er,diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>levalbuterol tartrate hfa</i>	<i>levalbuterol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sevelamer hcl</i>	<i>sevelamer hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glyburide micronized</i>	<i>glyburide, micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin er gastric</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PERTZYE	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	APTIOM	<i>eslicarbazepine acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EDARBI	<i>azilsartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INDERAL XL	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>moexipril hcl</i>	<i>moexipril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	APTIOM	<i>eslicarbazepine acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	APTIOM	<i>eslicarbazepine acetate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	APTIOM	<i>eslicarbazepine acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INDERAL XL	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EDARBI	<i>azilsartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLIN R	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GABITRIL	<i>tiagabine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIASTAT	<i>diazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>phenytoin sodium extended</i>	<i>phenytoin sodium extended</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COREG	<i>carvedilol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIACOMIT	<i>stiripentol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEURONTIN	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RIOMET	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRULICITY	<i>dulaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRULICITY	<i>dulaglutide</i>	ADD UM: FI1		Maintenance Medication

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIOVAN HCT	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>methyldopa-hydrochlorothiazide</i>	<i>methyldopa/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIACOMIT	<i>stiripentol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fondaparinux sodium</i>	<i>fondaparinux sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>felodipine er</i>	<i>felodipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XARELTO	<i>rivaroxaban</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XARELTO	<i>rivaroxaban</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DUOPA	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonazepam</i>	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KLONOPIN	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pindolol</i>	<i>pindolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RELTONE	<i>ursodiol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RELTONE	<i>ursodiol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRECOSE	<i>acarbose</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	GLYXAMBI	<i>empagliflozin/linagliptin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GLYXAMBI	<i>empagliflozin/linagliptin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AIMOVIG AUTOINJECTOR	<i>erenumab-aooe</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DEPAKOTE ER	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BANZEL	<i>rufinamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole hcl</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RYTARY	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RYTARY	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RYTARY	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RYTARY	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COMBIVENT RESPIMAT	<i>ipratropium bromide/albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZESTRIL	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>rufinamide</i>	<i>rufinamide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JENTADUETO XR	<i>linagliptin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DEPAKOTE	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>labetalol hcl</i>	<i>labetalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DHIVY	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>montelukast sodium</i>	<i>montelukast sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JENTADUETO XR	<i>linagliptin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl, propranolol hcl er</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QUESTRAN	<i>cholestyramine (with sugar)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RIOMET ER	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FELBATOL	<i>felbamate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	PHENYTEK	<i>phenytoin sodium extended</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AIMOVIG AUTOINJECTOR	<i>erenumab-aooe</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SABRIL	<i>vigabatrin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOPRESSOR	<i>metoprolol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ONGENTYS	<i>opicapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIADYLT ER	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIMPAT	<i>lacosamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIMPAT	<i>lacosamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIADYLT ER	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIADYLT ER	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BYETTA	<i>exenatide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BYETTA	<i>exenatide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>estradiol valerate</i>	<i>estradiol valerate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOPRESSOR	<i>metoprolol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OSMOLEX ER	<i>amantadine hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	OSMOLEX ER	<i>amantadine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACCUPRIL	<i>quinapril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BETAPACE	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SABRIL	<i>vigabatrin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIMPAT	<i>lacosamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIMPAT	<i>lacosamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ATROVENT HFA	<i>ipratropium bromide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin er gastric</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AFREZZA	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FRAGMIN	<i>dalteparin sodium, porcine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIADYLT ER	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>benazepril hcl</i>	<i>benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ALTACE	<i>ramipril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>bromocriptine mesylate</i>	<i>bromocriptine mesylate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>insulin glargine</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	URSO FORTE	<i>ursodiol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	REVATIO	<i>sildenafil citrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ursodiol</i>	<i>ursodiol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIOVAN	<i>valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEURONTIN	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ATACAND	<i>candesartan cilexetil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>montelukast sodium</i>	<i>montelukast sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SINGULAIR	<i>montelukast sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonazepam</i>	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil er, verapamil hcl, verapamil sr</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	NEURONTIN	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GABITRIL	<i>tiagabine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRILEPTAL	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VOSEVI	<i>sofosbuvir/velpatasvir/voxila previr</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>zileuton er</i>	<i>zileuton</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DENAVIR	<i>penciclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine besylate-benazepril</i>	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VASOTEC	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole hcl</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nifedipine</i>	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTREL	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FOSRENOL	<i>lanthanum carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FOSRENOL	<i>lanthanum carbonate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	PEGASYS	<i>peginterferon alfa-2a</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CELONTIN	<i>methsuximide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROCARDIA XL	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>trandolapril-verapamil, trandolapril-verapamil er</i>	<i>trandolapril/verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CADUET	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GLUMETZA	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CADUET	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLOG FLEXPEN	<i>insulin aspart</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STRATTERA	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STRATTERA	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DEPAKOTE ER	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CADUET	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CADUET	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	CADUET	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRECOSE	<i>acarbose</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>tiagabine hcl</i>	<i>tiagabine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CADUET	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROVENTIL HFA	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARBATROL	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atomoxetine hcl</i>	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil hcl, verapamil sr</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CADUET	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOPROL XL	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CADUET	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atomoxetine hcl</i>	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	BRIVIACT	<i>brivaracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BRIVIACT	<i>brivaracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BRIVIACT	<i>brivaracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DRIZALMA SPRINKLE	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BRIVIACT	<i>brivaracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DRIZALMA SPRINKLE	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BRIVIACT	<i>brivaracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DRIZALMA SPRINKLE	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MICARDIS	<i>telmisartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levalbuterol hcl</i>	<i>levalbuterol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>felbamate</i>	<i>felbamate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SINGULAIR	<i>montelukast sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil er pm</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SINEMET 10-100	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>methyldopa-hydrochlorothiazide</i>	<i>methyldopa/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BRIVIACT	<i>brivaracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glimepiride</i>	<i>glimepiride</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>warfarin sodium</i>	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>penciclovir</i>	<i>penciclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glipizide er, glipizide xl</i>	<i>glipizide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROVERA	<i>medroxyprogesterone acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>bromocriptine mesylate</i>	<i>bromocriptine mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AFREZZA	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	SPRITAM	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SPRITAM	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SPRITAM	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SPRITAM	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VASOTEC	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>losartan-hydrochlorothiazide</i>	<i>losartan potassium/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin degludec pen (u-100)</i>	<i>insulin degludec</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin degludec pen (u-200)</i>	<i>insulin degludec</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SORINE	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TENORETIC 100	<i>atenolol/chlorthalidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TENORMIN	<i>atenolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fondaparinux sodium</i>	<i>fondaparinux sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VASOTEC	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>pramipexole dihydrochloride</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fondaparinux sodium</i>	<i>fondaparinux sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA CR	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol-hydrochlorothiazide</i>	<i>metoprolol tartrate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA CR	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XADAGO	<i>safinamide mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA CR	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	XADAGO	<i>safinamide mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>progesterone</i>	<i>progesterone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HEMANGEOL	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROCARDIA XL	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>benazepril hcl</i>	<i>benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ARIXTRA	<i>fondaparinux sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ARIXTRA	<i>fondaparinux sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ARIXTRA	<i>fondaparinux sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADMELOG	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fondaparinux sodium</i>	<i>fondaparinux sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADMELOG SOLOSTAR	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ribavirin</i>	<i>ribavirin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COREG	<i>carvedilol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CORGARD	<i>nadolol</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>diltiazem 24hr er, diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OZEMPIC	<i>semaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LEVEMIR	<i>insulin detemir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LEVEMIR FLEXPEN	<i>insulin detemir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa-entacapone</i>	<i>carbidopa/levodopa/entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACTOS	<i>pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin lispro protamine mix</i>	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole hcl</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MYSOLINE	<i>primidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>captopril-hydrochlorothiazide</i>	<i>captopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine er</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>lamotrigine er</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ONFI	<i>clobazam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ELIQUIS	<i>apixaban</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PARLODEL	<i>bromocriptine mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYUMJEV TEMPO PEN U-100	<i>insulin lispro-aabc</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine er</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ONFI	<i>clobazam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LEVEMIR FLEXTOUCH	<i>insulin detemir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ALTACE	<i>ramipril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine er</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>benazepril hcl</i>	<i>benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fosinopril sodium</i>	<i>fosinopril sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SEREVENT DISKUS	<i>salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>phenytoin sodium extended</i>	<i>phenytoin sodium extended</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NORLIQVA	<i>amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRELEGY ELLIPTA	<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenat</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>captopril-hydrochlorothiazide</i>	<i>captopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glyburide-metformin hcl</i>	<i>glyburide/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRACLEER	<i>bosentan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CRINONE	<i>progesterone, micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonidine hcl</i>	<i>clonidine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZESTRIL	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOPROL XL	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EMGALITY PEN	<i>galcanezumab-gnlm</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>trandolapril-verapamil,trandolapril-verapamil er</i>	<i>trandolapril/verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>bisoprolol fumarate-hctz,bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AIRDUO DIGIHALER	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL XR (GREEN)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AIRDUO DIGIHALER	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL XR (ORANGE)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL XR	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AIRDUO DIGIHALER	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL XR (BLUE)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GABITRIL	<i>tiagabine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valacyclovir</i>	<i>valacyclovir hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL XR	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL XR	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>betaxolol hcl</i>	<i>betaxolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL XR	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>isradipine</i>	<i>isradipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VERELAN PM	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ALTACE	<i>ramipril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atomoxetine hcl</i>	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atomoxetine hcl</i>	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DEPAKOTE	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIOVAN	<i>valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atomoxetine hcl</i>	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diazepam</i>	<i>diazepam</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>atomoxetine hcl</i>	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atomoxetine hcl</i>	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>alogliptin</i>	<i>alogliptin benzoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIAZAC	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acebutolol hcl</i>	<i>acebutolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EDARBYCLOR	<i>azilsartan medoxomil/chlorthalidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VENTAVIS	<i>iloprost tromethamine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDURA XL	<i>doxazosin mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine besylate-benazepril</i>	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>perindopril erbumine</i>	<i>perindopril erbumine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EDARBYCLOR	<i>azilsartan medoxomil/chlorthalidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MOUNJARO	<i>tirzepatide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>alogliptin-pioglitazone</i>	<i>alogliptin benzoate/pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>alogliptin-pioglitazone</i>	<i>alogliptin benzoate/pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nifedipine</i>	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMULIN N	<i>insulin nph human isophane</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANTOVEN	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonazepam</i>	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>alogliptin-pioglitazone</i>	<i>alogliptin benzoate/pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>alogliptin-metformin</i>	<i>alogliptin benzoate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANTOVEN	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>alogliptin</i>	<i>alogliptin benzoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANTOVEN	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTENSIN HCT	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>alogliptin</i>	<i>alogliptin benzoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANTOVEN	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>alogliptin-metformin</i>	<i>alogliptin benzoate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	JANTOVEN	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANTOVEN	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANTOVEN	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTENSIN HCT	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonazepam</i>	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonazepam</i>	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonazepam</i>	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>alogliptin-pioglitazone</i>	<i>alogliptin benzoate/pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KAZANO	<i>alogliptin benzoate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KAZANO	<i>alogliptin benzoate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>felbamate</i>	<i>felbamate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NESINA	<i>alogliptin benzoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NESINA	<i>alogliptin benzoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PHENYTEK	<i>phenytoin sodium extended</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>clonazepam</i>	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OSENI	<i>alogliptin benzoate/pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NESINA	<i>alogliptin benzoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANTOVEN	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANTOVEN	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OSENI	<i>alogliptin benzoate/pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PARLODEL	<i>bromocriptine mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OSENI	<i>alogliptin benzoate/pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OSENI	<i>alogliptin benzoate/pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>phenytoin sodium extended</i>	<i>phenytoin sodium extended</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>selegiline hcl</i>	<i>selegiline hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atenolol</i>	<i>atenolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>progesterone</i>	<i>progesterone, micronized</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FYCOMPA	<i>perampanel</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glimepiride</i>	<i>glimepiride</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FYCOMPA	<i>perampanel</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MATZIM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MATZIM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MATZIM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOUJEO MAX SOLOSTAR	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIGADRONE	<i>vigabatrin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMALOG MIX 50-50 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>famciclovir</i>	<i>famciclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MOUNJARO	<i>tirzepatide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	MOUNJARO	<i>tirzepatide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MOUNJARO	<i>tirzepatide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MOUNJARO	<i>tirzepatide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MATZIM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SEMGLEE PEN	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MATZIM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMALOG MIX 75-25 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMALOG KWIKPEN U-100	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>niacin</i>	<i>niacin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RENVELA	<i>sevelamer carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROMETRIUM	<i>progesterone, micronized, progesterone, micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARTIA XT	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine besylate-benazepril</i>	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>calcium acetate</i>	<i>calcium acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTREL	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine besylate-benazepril</i>	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine besylate-benazepril</i>	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RENAGEL	<i>sevelamer hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XOPENEX HFA	<i>levalbuterol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SEMGLEE	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ATACAND	<i>candesartan cilexetil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMALOG TEMPO PEN U-100	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>colestipol hcl</i>	<i>colestipol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KEPPRA	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BEVESPI AEROSPHERE	<i>glycopyrrolate/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZYFLO	<i>zileuton</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CATAPRES-TTS 3	<i>clonidine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM LA	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er, diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er, diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er, diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er,diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>dipyridamole</i>	<i>dipyridamole</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levamlodipine maleate</i>	<i>levamlodipine maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levamlodipine maleate</i>	<i>levamlodipine maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er,diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANUMET	<i>sitagliptin phosphate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>estradiol valerate</i>	<i>estradiol valerate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>montelukast sodium</i>	<i>montelukast sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glyburide micronized</i>	<i>glyburide,micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HYZAAR	<i>losartan potassium/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BREO ELLIPTA	<i>fluticasone furoate/vilanterol trifenate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>eprosartan mesylate</i>	<i>eprosartan mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acebutolol hcl</i>	<i>acebutolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AVALIDE	<i>irbesartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TAZTIA XT	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TAZTIA XT	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TAZTIA XT	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole er</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TAZTIA XT	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine, lamotrigine (blue)</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine, lamotrigine (green)</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine, lamotrigine (orange)</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	INNOPRAN XL	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INNOPRAN XL	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HARVONI	<i>ledipasvir/sofosbuvir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIASTAT ACUDIAL	<i>diazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIASTAT ACUDIAL	<i>diazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SOVALDI	<i>sofosbuvir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonazepam</i>	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>warfarin sodium</i>	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sotalol</i>	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COREG	<i>carvedilol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PERTZYE	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PERTZYE	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TAZTIA XT	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACCURETIC	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>niacin er</i>	<i>niacin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glipizide er,glipizide xl</i>	<i>glipizide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>irbesartan-hydrochlorothiazide</i>	<i>irbesartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>medroxyprogesterone acetate</i>	<i>medroxyprogesterone acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO	<i>treprostinil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIOVAN	<i>valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SAVAYSA	<i>edoxaban tosylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOURIANZ	<i>istradefylline</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enalapril maleate-hctz,enalapril-hydrochlorothiazide</i>	<i>enalapril maleate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	HUMULIN R U-500 KWIKPEN	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO REFILL KIT	<i>treprostinil/nebulizer accessories</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SAVAYSA	<i>edoxaban tosylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole er</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARTIA XT	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>trandolapril</i>	<i>trandolapril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BETAPACE AF	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL (BLUE)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL (GREEN)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOURIANZ	<i>istradefylline</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diazepam</i>	<i>diazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL (ORANGE)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>diazepam</i>	<i>diazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RYBELSUS	<i>semaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nateglinide</i>	<i>nateglinide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RYBELSUS	<i>semaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SAVAYSA	<i>edoxaban tosylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RYBELSUS	<i>semaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COLESTID	<i>colestipol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RENVELA	<i>sevelamer carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	RENVELA	<i>sevelamer carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COLESTID	<i>colestipol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ENTRESTO	<i>sacubitril/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ENTRESTO	<i>sacubitril/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROAIR DIGIHALER	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZIAC	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIADYLTER	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO STARTER KIT	<i>treprostinil/nebulizer and accessories</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ENTRESTO	<i>sacubitril/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLOG	<i>insulin aspart</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin lispro</i>	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FYCOMPA	<i>perampanel</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>tiagabine hcl</i>	<i>tiagabine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>olanzapine-fluoxetine hcl</i>	<i>olanzapine/fluoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olanzapine-fluoxetine hcl</i>	<i>olanzapine/fluoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olanzapine-fluoxetine hcl</i>	<i>olanzapine/fluoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PREVALITE	<i>cholestyramine/aspartame</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OZEMPIC	<i>semaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DEPAKOTE SPRINKLE	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lisinopril-hctz, lisinopril-hydrochlorothiazide</i>	<i>lisinopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AZOR	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AZOR	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AZOR	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AZOR	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	SYMBYAX	<i>olanzapine/fluoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYMBYAX	<i>olanzapine/fluoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEGRETOL XR	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYMBYAX	<i>olanzapine/fluoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atenolol</i>	<i>atenolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine besylate-benazepril</i>	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil er,verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>trandolapril-verapamil,trandolapril-verapamil er</i>	<i>trandolapril/verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HARVONI	<i>ledipasvir/sofosbuvir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl-hctz,propranolol-hydrochlorothiazid</i>	<i>propranolol hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>ledipasvir-sofosbuvir</i>	<i>ledipasvir/sofosbuvir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr cd, diltiazem 24hr er, diltiazem 24hr er (cd), diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nifedipine er</i>	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VERELAN PM	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>perindopril erbumine</i>	<i>perindopril erbumine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone-vilanterol</i>	<i>fluticasone furoate/vilanterol trifenate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nisoldipine</i>	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>prasugrel hcl</i>	<i>prasugrel hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>prasugrel hcl</i>	<i>prasugrel hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLOG PENFILL	<i>insulin aspart</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>captopril-hydrochlorothiazide</i>	<i>captopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol-hydrochlorothiazide</i>	<i>metoprolol tartrate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole hcl</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ARIXTRA	<i>fondaparinux sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>felodipine er</i>	<i>felodipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>methyl dopa</i>	<i>methyl dopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>warfarin sodium</i>	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glyburide micronized</i>	<i>glyburide, micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BANZEL	<i>rufinamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BANZEL	<i>rufinamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVOKANA	<i>canagliflozin</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	INVOKANA	<i>canagliflozin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AFREZZA	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VALTREX	<i>valacyclovir hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol-hydrochlorothiazide</i>	<i>propranolol hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIAZAC	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DRIZALMA SPRINKLE	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glipizide-metformin</i>	<i>glipizide/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>duloxetine hcl</i>	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glipizide-metformin</i>	<i>glipizide/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>duloxetine hcl</i>	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glipizide-metformin</i>	<i>glipizide/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMALOG	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	JANUVIA	<i>sitagliptin phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EFFIENT	<i>prasugrel hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANUVIA	<i>sitagliptin phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TASMAR	<i>tolcapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EFFIENT	<i>prasugrel hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CYMBALTA	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>duloxetine hcl</i>	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CYMBALTA	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CYMBALTA	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIEKIRA PAK	<i>ombitasvir/paritaprevir/ritonavir/dasabuvir sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANUVIA	<i>sitagliptin phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	SORINE	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STALEVO 200	<i>carbidopa/levodopa/entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BENICAR HCT	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BENICAR HCT	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BENICAR HCT	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARTIA XT	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nadolol</i>	<i>nadolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLIN 70-30	<i>insulin nph human isophane/insulin regular, human,nph, human insulin isophane/insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>methyldopa</i>	<i>methyldopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BETAPACE AF	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>nisoldipine</i>	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XERESE	<i>acyclovir/hydrocortisone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO INSTITUTIONAL START KIT	<i>treprostinil/nebulizer and accessories</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QUDEXY XR	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QTERN	<i>dapagliflozin propanediol/saxagliptin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	URSO	<i>ursodiol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZIAC	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>levalbuterol concentrate</i>	<i>levalbuterol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acarbose</i>	<i>acarbose</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOPROL XL	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QBRELIS	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr cd,diltiazem 24hr er,diltiazem 24hr er (cd),diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sevelamer hcl</i>	<i>sevelamer hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>duloxetine hcl</i>	<i>duloxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone-vilanterol</i>	<i>fluticasone furoate/vilanterol trifenate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BASAGLAR TEMPO PEN U-100	<i>insulin glargine,human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYMPAZAN	<i>clobazam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYMPAZAN	<i>clobazam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYMPAZAN	<i>clobazam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XIGDUO XR	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>selegiline hcl</i>	<i>selegiline hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XIGDUO XR	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole er</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOPAMAX	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	LYUMJEV KWIKPEN U-200	<i>insulin lispro-aabc</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STIOLTO RESPIMAT	<i>tiotropium bromide/olodaterol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYUMJEV KWIKPEN U-100	<i>insulin lispro-aabc</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYUMJEV	<i>insulin lispro-aabc</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XIGDUO XR	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XIGDUO XR	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROCARDIA XL	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZEPATIER	<i>elbasvir/grazoprevir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>famciclovir</i>	<i>famciclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QUDEXY XR	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole er</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QUDEXY XR	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QUDEXY XR	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QUDEXY XR	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole dihydrochloride</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TOPAMAX	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>warfarin sodium</i>	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VASOTEC	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>phenytoin</i>	<i>phenytoin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ONGENTYS	<i>opicapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRACLEER	<i>bosentan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lisinopril-hctz, lisinopril-hydrochlorothiazide</i>	<i>lisinopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GOCOVRI	<i>amantadine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DELESTROGEN	<i>estradiol valerate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GOCOVRI	<i>amantadine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEGRETOL XR	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ribavirin</i>	<i>ribavirin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GABITRIL	<i>tiagabine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NURTEC ODT	<i>rimegepant sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BYDUREON BCISE	<i>exenatide microspheres</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>tiagabine hcl</i>	<i>tiagabine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BREO ELLIPTA	<i>fluticasone furoate/vilanterol trifenate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BROVANA	<i>arformoterol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SULAR	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SULAR	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SEGLUROMET	<i>ertugliflozin pidolate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL XR	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TENORETIC 50	<i>atenolol/chlorthalidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>saxagliptin-metformin er</i>	<i>saxagliptin hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>saxagliptin-metformin er</i>	<i>saxagliptin hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOPROL XL	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRESIBA	<i>insulin degludec</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JENTADUETO	<i>linagliptin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOPAMAX	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin degludec</i>	<i>insulin degludec</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JENTADUETO	<i>linagliptin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SEGLUROMET	<i>ertugliflozin pidolate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TROKENDI XR	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JENTADUETO	<i>linagliptin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SEGLUROMET	<i>ertugliflozin pidolate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TROKENDI XR	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TROKENDI XR	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TROKENDI XR	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SEGLUROMET	<i>ertugliflozin pidolate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>perindopril erbumine</i>	<i>perindopril erbumine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CATAPRES-TTS 2	<i>clonidine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SULAR	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FELBATOL	<i>felbamate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STRIVERDI RESPIMAT	<i>olodaterol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nateglinide</i>	<i>nateglinide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACTOS	<i>pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VASERETIC	<i>enalapril maleate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SORINE	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LODOSYN	<i>carbidopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTENSIN	<i>benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LONHALA MAGNAIR REFILL	<i>glycopyrrolate/nebulizer accessories</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine er</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIOVAN HCT	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil er, verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	HUMULIN 70/30 KWIKPEN	<i>insulin nph human isophane/insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AYGESTIN	<i>norethindrone acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMULIN N KWIKPEN	<i>insulin nph human isophane</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pioglitazone-metformin</i>	<i>pioglitazone hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pioglitazone-metformin</i>	<i>pioglitazone hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ROWEEPRA	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EXFORGE	<i>amlodipine besylate/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fosinopril sodium</i>	<i>fosinopril sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EXFORGE	<i>amlodipine besylate/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>candesartan-hydrochlorothiazide</i>	<i>candesartan cilexetil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EXFORGE	<i>amlodipine besylate/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EXFORGE	<i>amlodipine besylate/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>trandolapril</i>	<i>trandolapril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levetiracetam er</i>	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	EMGALITY SYRINGE	<i>galcanezumab-gnlm</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRESIBA FLEXTOUCH U-100	<i>insulin degludec</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRESIBA FLEXTOUCH U-200	<i>insulin degludec</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbamazepine er, carbamazepine xr</i>	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glyburide</i>	<i>glyburide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DILANTIN	<i>phenytoin sodium extended</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>saxagliptin-metformin er</i>	<i>saxagliptin hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACCUPRIL	<i>quinapril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EMGALITY SYRINGE	<i>galcanezumab-gnlm</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FYCOMPA	<i>perampanel</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIAZAC	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nifedipine, nifedipine er</i>	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>tiotropium bromide</i>	<i>tiotropium bromide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SPIRIVA, SPIRIVA HANDHALER	<i>tiotropium bromide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ACCOLATE	<i>zafirlukast</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEUPRO	<i>rotigotine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEUPRO	<i>rotigotine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEUPRO	<i>rotigotine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEUPRO	<i>rotigotine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEUPRO	<i>rotigotine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEUPRO	<i>rotigotine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEGRETOL XR	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BETAPACE	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>trihexyphenidyl hcl</i>	<i>trihexyphenidyl hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er, diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-valsartan</i>	<i>amlodipine besylate/valsartan</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>amlodipine-valsartan</i>	<i>amlodipine besylate/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AURYXIA	<i>ferric citrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KEPPRA XR	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>norethindrone ac (lupaneta), norethindrone acetate</i>	<i>norethindrone acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-valsartan</i>	<i>amlodipine besylate/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-valsartan</i>	<i>amlodipine besylate/valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SOLQUA 100-33	<i>insulin glargine, human recombinant analog/lixisenatide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin aspart prot mix 70-30</i>	<i>insulin aspart protamine human/insulin aspart</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	REVATIO	<i>sildenafil citrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr cd, diltiazem 24hr er, diltiazem 24hr er (cd), diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ipratropium bromide</i>	<i>ipratropium bromide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEURONTIN	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMALOG KWIKPEN U-200	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CREON	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>warfarin sodium</i>	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glipizide er, glipizide xl</i>	<i>glipizide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CATAPRES-TTS 1	<i>clonidine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin er osmotic</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INCRUSE ELLIPTA	<i>umeclidinium bromide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metformin er osmotic</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIACOMIT	<i>stiripentol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KLONOPIN	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>trandolapril-verapamil, trandolapril-verapamil er</i>	<i>trandolapril/verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GLYNASE	<i>glyburide, micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EPANED	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LETAIRIS	<i>ambrisentan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LETAIRIS	<i>ambrisentan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLOG MIX 70-30, NOVOLOG MIX 70-30 FLEXPEN	<i>insulin aspart protamine human/insulin aspart</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil er pm</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SEMGLEE (YFGN)	<i>insulin glargine-yfgn</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PEGASYS	<i>peginterferon alfa-2a</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonidine hcl er</i>	<i>clonidine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sotalol af</i>	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sotalol af</i>	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AMARYL	<i>glimepiride</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>sotalol</i>	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DUETACT	<i>pioglitazone hcl/glimepiride</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sofosbuvir-velpatasvir</i>	<i>sofosbuvir/velpatasvir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EPCLUSA	<i>sofosbuvir/velpatasvir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl, propranolol hcl er</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLIN R FLEXPEN	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sotalol af</i>	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZELAPAR	<i>selegiline hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KEPPRA XR	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARTIA XT	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>losartan-hydrochlorothiazide</i>	<i>losartan potassium/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	GLUCOTROL XL	<i>glipizide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIAZAC	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BENICAR	<i>olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BASAGLAR KWIKPEN U-100	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pioglitazone-glimepiride</i>	<i>pioglitazone hcl/glimepiride</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BENICAR	<i>olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BENICAR	<i>olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pioglitazone-glimepiride</i>	<i>pioglitazone hcl/glimepiride</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOTREL	<i>amlodipine besylate/benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levetiracetam er</i>	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MICARDIS	<i>telmisartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ROWEEPRA	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DUETACT	<i>pioglitazone hcl/glimepiride</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ROWEEPRA	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BREZTRI AEROSPHERE	<i>budesonide/glycopyrrolate/ormoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AIRDUO RESPICLICK	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	APIDRA SOLOSTAR	<i>insulin glulisine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AIRDUO RESPICLICK	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nicardipine hcl</i>	<i>nicardipine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACCURETIC	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CORGARD	<i>nadolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FOSRENOL	<i>lanthanum carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AIRDUO RESPICLICK	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nadolol</i>	<i>nadolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>primidone</i>	<i>primidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZESTRIL	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	HUMALOG MIX 50-50	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TENORMIN	<i>atenolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-valsartan-hctz</i>	<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AFREZZA	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-valsartan-hctz</i>	<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-valsartan-hctz</i>	<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-valsartan-hctz</i>	<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-valsartan-hctz</i>	<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EXFORGE HCT	<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol-hydrochlorothiazide</i>	<i>metoprolol tartrate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	CREON	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PERTZYE	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BRILINTA	<i>ticagrelor</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CREON	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nifedipine</i> <i>er,nifedipine xl</i>	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CREON	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EXFORGE HCT	<i>amlodipine</i> <i>besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EXFORGE HCT	<i>amlodipine</i> <i>besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>miglitol</i>	<i>miglitol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil</i> <i>er,verapamil sr</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EXFORGE HCT	<i>amlodipine</i> <i>besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>zonisamide</i>	<i>zonisamide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	EXFORGE HCT	<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>zonisamide</i>	<i>zonisamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>irbesartan-hydrochlorothiazide</i>	<i>irbesartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valacyclovir</i>	<i>valacyclovir hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZIAC	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine odt</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine odt</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine odt</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nicardipine hcl</i>	<i>nicardipine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	INTUNIV	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LANTUS	<i>insulin glargine, human recombinant analog, insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KEPPRA	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INTUNIV	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INTUNIV	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>guanfacine hcl er</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>guanfacine hcl er</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MYSOLINE	<i>primidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine odt (blue)</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine odt (green)</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine odt</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine odt (orange)</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL XR	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ATACAND	<i>candesartan cilexetil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ELIQUIS	<i>apixaban</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PREVALITE	<i>cholestyramine/aspartame</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INTUNIV	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole dihydrochloride</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL ODT	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL ODT	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine er</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL ODT	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL ODT	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COLESTID	<i>colestipol hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	LAMICTAL ODT (GREEN)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL ODT (BLUE)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil er pm</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lisinopril-hctz, lisinopril-hydrochlorothiazide</i>	<i>lisinopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DELESTROGEN	<i>estradiol valerate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIMPAT	<i>lacosamide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fosinopril sodium</i>	<i>fosinopril sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>bosentan</i>	<i>bosentan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRIBENZOR	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OZEMPIC	<i>semaglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRIBENZOR	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRIBENZOR	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonidine hcl</i>	<i>clonidine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JARDIANCE	<i>empagliflozin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRIBENZOR	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JARDIANCE	<i>empagliflozin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRIBENZOR	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACCURETIC	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enalapril-hydrochlorothiazide</i>	<i>enalapril maleate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	WELCHOL	<i>colesevelam hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>budesonide-formoterol fumarate</i>	<i>budesonide/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>budesonide-formoterol fumarate</i>	<i>budesonide/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYMBICORT	<i>budesonide/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	SYMBICORT	<i>budesonide/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ursodiol</i>	<i>ursodiol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACCUPRIL	<i>quinapril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZESTORETIC	<i>lisinopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan-amlodipine-hctz</i>	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan-amlodipine-hctz</i>	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan-amlodipine-hctz</i>	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olanzapine-fluoxetine hcl</i>	<i>olanzapine/fluoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACCUPRIL	<i>quinapril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan-amlodipine-hctz</i>	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valproic acid</i>	<i>valproic acid</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>candesartan-hydrochlorothiazide</i>	<i>candesartan cilexetil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TOPAMAX	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>olmesartan-amlodipine-hctz</i>	<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVOKAMET	<i>canagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STRATTERA	<i>atomoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVOKAMET	<i>canagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>montelukast sodium</i>	<i>montelukast sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVOKAMET	<i>canagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ATACAND HCT	<i>candesartan cilexetil/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	FYCOMPA	<i>perampanel</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl, propranolol hcl er</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LONHALA MAGNAIR STARTER	<i>glycopyrrolate/nebulizer and accessories</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANUMET XR	<i>sitagliptin phosphate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANUMET XR	<i>sitagliptin phosphate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	JANUMET XR	<i>sitagliptin phosphate/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEURONTIN	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl, propranolol hcl er</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nisoldipine</i>	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>nisoldipine</i>	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nisoldipine</i>	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>warfarin sodium</i>	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MINIPRESS	<i>prazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRELEGY ELLIPTA	<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er, diltiazem 24hr er (cd)</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nifedipine er</i>	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>bisoprolol fumarate-hctz, bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FINTEPLA	<i>fenfluramine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FRAGMIN	<i>dalteparin sodium, porcine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FRAGMIN	<i>dalteparin sodium, porcine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROAIR RESPICLICK	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	FOSRENOL	<i>lanthanum carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XARELTO	<i>rivaroxaban</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>atenolol-chlorthalidone</i>	<i>atenolol/chlorthalidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FOSRENOL	<i>lanthanum carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>felbamate</i>	<i>felbamate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEGRETOL	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KEPPRA	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>aspirin-dipyridamole er</i>	<i>aspirin/dipyridamole</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SINGULAIR	<i>montelukast sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levalbuterol hcl</i>	<i>levalbuterol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LANTUS SOLOSTAR	<i>insulin glargine, human recombinant analog, insulin glargine, human recombinant analog</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>carbidopa-levodopa, carbido pa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nisoldipine</i>	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	OSMOLEX ER	<i>amantadine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>benazepril hcl</i>	<i>benazepril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BYSTOLIC	<i>nebivolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BYSTOLIC	<i>nebivolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KAPSPARGO SPRINKLE	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BYSTOLIC	<i>nebivolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KAPSPARGO SPRINKLE	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>miglitol</i>	<i>miglitol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COREG	<i>carvedilol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ATACAND	<i>candesartan cilexetil</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>atenolol-chlorthalidone</i>	<i>atenolol/chlorthalidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KAPSPARGO SPRINKLE	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clobazam</i>	<i>clobazam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACTOPLUS MET	<i>pioglitazone hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TIAZAC	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACTOPLUS MET	<i>pioglitazone hcl/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clobazam</i>	<i>clobazam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lanthanum carbonate</i>	<i>lanthanum carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DELESTROGEN	<i>estradiol valerate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lanthanum carbonate</i>	<i>lanthanum carbonate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KAPSPARGO SPRINKLE	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AVAPRO	<i>irbesartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fosinopril-hydrochlorothiazide</i>	<i>fosinopril sodium/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>glimepiride</i>	<i>glimepiride</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	COMTAN	<i>entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QULIPTA	<i>atogepant</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NEURONTIN	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIOVAN HCT	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QULIPTA	<i>atogepant</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QULIPTA	<i>atogepant</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VENTAVIS	<i>iloprost, iloprost tromethamine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STEGLUJAN	<i>ertugliflozin pidolate/sitagliptin phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STEGLUJAN	<i>ertugliflozin pidolate/sitagliptin phosphate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COZAAR	<i>losartan potassium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BETAPACE AF	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLIN N FLEXPEN	<i>insulin nph human isophane</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TOPAMAX	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZESTRIL	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>niacin</i>	<i>niacin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sotalol</i>	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VALTREX	<i>valacyclovir hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole hcl</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VELPHORO	<i>sucroferric oxyhydroxide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	AJOVY SYRINGE	<i>fremanezumab-vfrm</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ursodiol</i>	<i>ursodiol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BREO ELLIPTA	<i>fluticasone furoate/vilanterol trifenate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VICTOZA 3-PAK	<i>liraglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 12hr er, diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BETAPACE	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>dipyridamole</i>	<i>dipyridamole</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>entacapone</i>	<i>entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pramipexole dihydrochloride</i>	<i>pramipexole di-hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	CARDIZEM	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACCOLATE	<i>zafirlukast</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ACTOS	<i>pioglitazone hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>topiramate</i>	<i>topiramate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MICARDIS HCT	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COZAAR	<i>losartan potassium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>pindolol</i>	<i>pindolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIACOMIT	<i>stiripentol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRILEPTAL	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GLUCOTROL XL	<i>glipizide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SYMBYAX	<i>olanzapine/fluoxetine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MICARDIS	<i>telmisartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VENTOLIN HFA	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>miglitol</i>	<i>miglitol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>clonidine hcl er</i>	<i>clonidine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>captopril-hydrochlorothiazide</i>	<i>captopril/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acarbose</i>	<i>acarbose</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>trihexyphenidyl hcl</i>	<i>trihexyphenidyl hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TEGRETOL	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARBATROL	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>warfarin sodium</i>	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan-amlodipine</i>	<i>telmisartan/amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARBATROL	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KEPPRA	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FIASP	<i>insulin aspart (niacinamide)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FIASP FLEXTOUCH	<i>insulin aspart (niacinamide)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EQUETRO	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EQUETRO	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>warfarin sodium</i>	<i>warfarin sodium</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	AFREZZA	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ipratropium-albuterol</i>	<i>ipratropium bromide/albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FRAGMIN	<i>dalteparin sodium, porcine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>guanfacine hcl er</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>guanfacine hcl er</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XULTOPHY 100-3.6	<i>insulin degludec/liraglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>saxagliptin hcl</i>	<i>saxagliptin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan-amlodipine</i>	<i>telmisartan/amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KEPPRA	<i>levetiracetam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan-amlodipine</i>	<i>telmisartan/amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>saxagliptin hcl</i>	<i>saxagliptin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>telmisartan-amlodipine</i>	<i>telmisartan/amlodipine besylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LAMICTAL ODT (ORANGE)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fosinopril-hydrochlorothiazide</i>	<i>fosinopril sodium/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	FIASP PENFILL	<i>insulin aspart (niacinamide)</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	MICARDIS HCT	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil er, verapamil hcl, verapamil sr</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>tolcapone</i>	<i>tolcapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AMARYL	<i>glimepiride</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nisoldipine</i>	<i>nisoldipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PERFOROMIST	<i>formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	XARELTO	<i>rivaroxaban</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>losartan-hydrochlorothiazide</i>	<i>losartan potassium/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>colestipol hcl</i>	<i>colestipol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HYZAAR	<i>losartan potassium/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STALEVO 75	<i>carbidopa/levodopa/entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	STALEVO 125	<i>carbidopa/levodopa/entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EPITOL	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DILANTIN	<i>phenytoin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZOVIRAX	<i>acyclovir</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZESTRIL	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	QTERN	<i>dapagliflozin propanediol/saxagliptin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AVAPRO	<i>irbesartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nadolol</i>	<i>nadolol</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>phenytoin</i>	<i>phenytoin</i>	ADD UM: FI1		Maintenance Medication

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>primidone</i>	<i>primidone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nifedipine, nifedipine er</i>	<i>nifedipine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KATERZIA	<i>amlodipine benzoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>sildenafil, sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PROVERA	<i>medroxyprogesterone acetate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa-entacapone</i>	<i>carbidopa/levodopa/entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbidopa-levodopa-entacapone</i>	<i>carbidopa/levodopa/entacapone</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	APIDRA	<i>insulin glulisine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	EQUETRO	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GLUMETZA	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	GLYNASE	<i>glyburide, micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDURA	<i>doxazosin mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SUBVENITE	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SUBVENITE	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>diltiazem 12hr er,diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>progesterone</i>	<i>progesterone, micronized,progesterone,micronized</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COZAAR	<i>losartan potassium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>acarbose</i>	<i>acarbose</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>dipyridamole</i>	<i>dipyridamole</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>diltiazem 24hr er,diltiazem er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	LYRICA	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>ropinirole hcl</i>	<i>ropinirole hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>trihexyphenidyl hcl</i>	<i>trihexyphenidyl hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>bosentan</i>	<i>bosentan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	PLAVIX	<i>clopidogrel bisulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVOKAMET XR	<i>canagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDURA	<i>doxazosin mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVOKAMET XR	<i>canagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>lamotrigine</i>	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVOKAMET XR	<i>canagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	LYRICA	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SUBVENITE (BLUE)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SUBVENITE (GREEN)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ZESTRIL	<i>lisinopril</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SUBVENITE (ORANGE)	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	LYRICA	<i>pregabalin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SOTYLIZE	<i>sotalol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	TRILEPTAL	<i>oxcarbazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VICTOZA 2-PAK	<i>liraglutide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ONGLYZA	<i>saxagliptin hcl</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ONGLYZA	<i>saxagliptin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>colestipol hcl</i>	<i>colestipol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	INVOKAMET XR	<i>canagliflozin/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	DIOVAN	<i>valsartan</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>amlodipine-atorvastatin</i>	<i>amlodipine besylate/atorvastatin calcium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	NOVOLIN N	<i>insulin nph human isophane,nph, human insulin isophane</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMALOG JUNIOR KWIKPEN	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>insulin lispro junior kwikpen</i>	<i>insulin lispro</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	KLONOPIN	<i>clonazepam</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	COLESTID	<i>colestipol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>famciclovir</i>	<i>famciclovir</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	ADCIRCA	<i>tadalafil</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMULIN 70-30	<i>insulin nph human isophane/insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>carbamazepine er, carbamazepine xr</i>	<i>carbamazepine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	<i>verapamil er, verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CARDURA	<i>doxazosin mesylate</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	BYSTOLIC	<i>nebivolol hcl</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SINGULAIR	<i>montelukast sodium</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SUBVENITE	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	SUBVENITE	<i>lamotrigine</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	CREON	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	AVALIDE	<i>irbesartan/hydrochlorothiazide</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	HUMULIN R U-500	<i>insulin regular, human</i>	ADD UM: FI1		Maintenance Medication
01/05/2024	VIVITROL	<i>naltrexone microspheres</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	MYLERAN	<i>busulfan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMMAPLEX	<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KALBITOR	<i>ecallantide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ICLUSIG	<i>ponatinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ICLUSIG	<i>ponatinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ODOMZO	<i>sonidegib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>erlotinib hcl</i>	<i>erlotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>erlotinib hcl</i>	<i>erlotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>erlotinib hcl</i>	<i>erlotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRACLEER	<i>bosentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUPPRELIN LA	<i>histrelin acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TARCEVA	<i>erlotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MAVYRET	<i>glecaprevir/pibrentasvir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TARCEVA	<i>erlotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TARCEVA	<i>erlotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EXTAVIA	<i>interferon beta-1b</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>lamivudine</i>	<i>lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TEMODAR	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	MESNEX	<i>mesna</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	APTIVUS	<i>tipranavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEUPOGEN	<i>filgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT-PED	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYSTAGON	<i>cysteamine bitartrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XERMELO	<i>telotristat etiprate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tacrolimus</i>	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RYDAPT	<i>midostaurin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>bexarotene</i>	<i>bexarotene</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDHIFA	<i>enasidenib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDHIFA	<i>enasidenib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BENEFIX	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPIVIR	<i>lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LEXIVA	<i>fosamprenavir calcium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NITYR	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETACRIT	<i>epoetin alfa-epbx</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NITYR	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KALYDECO	<i>ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	NITYR	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KALYDECO	<i>ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KORLYM	<i>mifepristone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INGREZZA	<i>valbenazine tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NILANDRON	<i>nilutamide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>abacavir</i>	<i>abacavir sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYRIZI	<i>risankizumab-rzaa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYRIZI PEN	<i>risankizumab-rzaa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NINLARO	<i>ixazomib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NINLARO	<i>ixazomib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TEMODAR	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCRIT	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REMICADE	<i>infliximab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CEREZYME	<i>imiglucerase</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FULPHILA	<i>pegfilgrastim-jmdb</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	PROMACTA	<i>eltrombopag olamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COAGADEX	<i>coagulation factor x</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALYQ	<i>tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NINLARO	<i>ixazomib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SAMSCA	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SAMSCA	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYCLARYS	<i>omaveloxolone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FERRIPROX (2 TIMES A DAY)	<i>deferiprone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RUKOBIA	<i>fostemsavir tromethamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BEYFORTUS	<i>nirsevimab-alip</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BEYFORTUS	<i>nirsevimab-alip</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEXAVAR	<i>sorafenib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tacrolimus</i>	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AMPYRA	<i>dalfampridine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sirolimus</i>	<i>sirolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NIVESTYM	<i>filgrastim-aafi</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDIMMUNE	<i>cyclosporine</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	HUMIRA(CF) PEN CROHN'S- UC-HS	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYMLOS	<i>abaloparatide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREZISTA	<i>darunavir ethanolate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INQOVI	<i>decitabine/cedazuridine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>adalimumab- fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIREAD	<i>tenofovir disoproxil fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIREAD	<i>tenofovir disoproxil fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIREAD	<i>tenofovir disoproxil fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FABRAZYME	<i>agalsidase beta</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIREAD	<i>tenofovir disoproxil fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROMACTA	<i>eltrombopag olamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REVLIMID	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REVLIMID	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NIVESTYM	<i>filgrastim-aafi</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COAGADEX	<i>coagulation factor x</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRETTEN	<i>factor xiii a-subunit, recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	AVONEX	<i>interferon beta-1a</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INREBIC	<i>fedratinib dihydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>methotrexate</i>	<i>methotrexate sodium/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZARXIO	<i>filgrastim-sndz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ROZLYTREK	<i>entrectinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ROZLYTREK	<i>entrectinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZARXIO	<i>filgrastim-sndz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INCRELEX	<i>mecasermin</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	HUMIRA(CF) PEN PSOR-UV- ADOL HS	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LYSODREN	<i>mitotane</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZYDELIG	<i>idelalisib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALDURAZYME	<i>laronidase</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZYDELIG	<i>idelalisib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IRESSA	<i>gefitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFINITOR	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARZERRA	<i>ofatumumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RINVOQ	<i>upadacitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CELLCEPT	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LYSTEDA	<i>tranexamic acid</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OPSUMIT	<i>macitentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AVONEX PEN	<i>interferon beta-1a</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	STIVARGA	<i>regorafenib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XGEVA	<i>denosumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TIKOSYN	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRIKAFTA	<i>elexacaftor/tezacaftor/ivacaft or</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cyclosporine</i>	<i>cyclosporine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CIMZIA	<i>certolizumab pegol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>gemcitabine hcl</i>	<i>gemcitabine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>gemcitabine hcl</i>	<i>gemcitabine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>gemcitabine hcl</i>	<i>gemcitabine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOHONOS	<i>palovarotene</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOHONOS	<i>palovarotene</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GALAFOLD	<i>migalastat hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VEMLIDY	<i>tenofovir alafenamide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TASIGNA	<i>nilotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XELODA	<i>capecitabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYKERB	<i>lapatinib ditosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>clobazam</i>	<i>clobazam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ONFI	<i>clobazam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>doxercalciferol</i>	<i>doxercalciferol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOHONOS	<i>palovarotene</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOHONOS	<i>palovarotene</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOHONOS	<i>palovarotene</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUSTIVA	<i>efavirenz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CORIFACT	<i>factor xiii</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XOSPATA	<i>gilteritinib fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TAZVERIK	<i>tazemetostat hydrobromide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCYSBI	<i>cysteamine bitartrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BENEFIX	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZYTIGA	<i>abiraterone acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JAKAFI	<i>ruxolitinib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYLTEZO(CF) PEN CROHN'S-UC-HS	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HETLIOZ	<i>tasimelteon</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JAKAFI	<i>ruxolitinib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RAYALDEE	<i>calcifediol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BENEFIX	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VITRAKVI	<i>larotrectinib sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VITRAKVI	<i>larotrectinib sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DAURISMO	<i>glasdegib maleate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DAURISMO	<i>glasdegib maleate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VITRAKVI	<i>larotrectinib sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIMPONI	<i>golimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCYSBI	<i>cysteamine bitartrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	CYSTAGON	<i>cysteamine bitartrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AVEED	<i>testosterone undecanoate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IMBRUVICA	<i>ibrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BENEFIX	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OTEZLA	<i>apremilast</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KALETRA	<i>lopinavir/ritonavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GLATOPA	<i>glatiramer acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELAPRASE	<i>idursulfase</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RAVICTI	<i>glycerol phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DACOGEN	<i>decitabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEUPOGEN	<i>filgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EVOTAZ	<i>atazanavir sulfate/cobicistat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JAKAFI	<i>ruxolitinib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VYNDAQEL	<i>tafamidis meglumine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JAKAFI	<i>ruxolitinib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cytarabine</i>	<i>cytarabine/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JAKAFI	<i>ruxolitinib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIMPONI ARIA	<i>golimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOVALDI	<i>sofosbuvir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIMIZIM	<i>elosulfase alfa</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROGRAF	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALIMTA	<i>pemetrexed disodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>adalimumab-fkjp(cf) pen</i>	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENVARUSUS XR	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENVARUSUS XR	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORKAMBI	<i>lumacaftor/ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENVARUSUS XR	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TESTOPEL	<i>testosterone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LONSURF	<i>trifluridine/tipiracil hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LONSURF	<i>trifluridine/tipiracil hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FUZEON	<i>enfuvirtide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CABENUVA	<i>cabotegravir/rilpivirine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BETHKIS	<i>tobramycin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REPATHA SYRINGE	<i>evolocumab</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BENLYSTA	<i>belimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAVRETO	<i>pralsetinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FERRIPROX	<i>deferiprone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYPERHEP B	<i>hepatitis b immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SENSIPAR	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SENSIPAR	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SENSIPAR	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPOGEN	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEUPOGEN	<i>filgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COMPLERA	<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OMNITROPE	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NORVIR	<i>ritonavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fondaparinux sodium</i>	<i>fondaparinux sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	LUPRON DEPOT	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RHOPHYLAC	<i>rho(d) immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENCIA	<i>abatacept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IBRANCE	<i>palbociclib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IBRANCE	<i>palbociclib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OXBRYTA	<i>voxelotor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IBRANCE	<i>palbociclib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>pamidronate disodium</i>	<i>pamidronate disodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AYVAKIT	<i>avapritinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AYVAKIT	<i>avapritinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZIAGEN	<i>abacavir sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEULASTA ONPRO	<i>pegfilgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HAEGARDA	<i>c1 esterase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HAEGARDA	<i>c1 esterase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EXTAVIA	<i>interferon beta-1b</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MIACALCIN	<i>calcitonin, salmon, synthetic</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recomb, full length (alb-free), antihemophilic factor (fviii) recombinant, full length</i>	ADD UM: SPECIALTY		Specialty Drug

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	NABI-HB	<i>hepatitis b immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REBIF REBIDOSE	<i>interferon beta-1a/albumin human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REBIF REBIDOSE	<i>interferon beta-1a/albumin human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REBIF REBIDOSE	<i>interferon beta-1a/albumin human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEORAL	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZYKADIA	<i>ceritinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELOCTATE	<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REVLIMID	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fludarabine phosphate</i>	<i>fludarabine phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REVATIO	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPOGEN	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	KYPROLIS	<i>carfilzomib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TAFINLAR	<i>dabrafenib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROMACTA	<i>eltrombopag olamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPOGEN	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length,antihemophilic factor, hum rec</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADVATE	<i>antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BARACLUDGE	<i>entecavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RECOMBINATE	<i>antihemophilic factor viii, human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ACTIMMUNE	<i>interferon gamma-1b,recomb.</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	POMALYST	<i>pomalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	POMALYST	<i>pomalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	POMALYST	<i>pomalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TAFINLAR	<i>dabrafenib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SABRIL	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BONIVA	<i>ibandronate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>ibandronate sodium</i>	<i>ibandronate sodium</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	NORDITROPIN FLEXPLO	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENCIA CLICKJECT	<i>abatacept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ASTAGRAF XL	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ASTAGRAF XL	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ASTAGRAF XL	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UDENYCA	<i>pegfilgrastim-cbqv</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	POMALYST	<i>pomalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TEPMETKO	<i>tepotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SABRIL	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CLOLAR	<i>clofarabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA PEN	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMMAGARD LIQUID	<i>immune globulin, gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FRAGMIN	<i>dalteparin sodium, porcine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SYNAREL	<i>nafarelin acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRIKAFTA	<i>elexacaftor/tezacaftor/ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCRIT	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEULASTA	<i>pegfilgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024		<i>zidovudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NORDITROPIN FLEXPLO	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	NORDITROPIN FLEXPLO	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NORDITROPIN FLEXPLO	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REVATIO	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TARGRETIN	<i>bexarotene</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDACIO(CF)	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUNLENCA	<i>lenacapavir sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AUBAGIO	<i>teriflunomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AUBAGIO	<i>teriflunomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIMPONI	<i>golimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NERLYNX	<i>neratinib maleate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VOSEVI	<i>sofosbuvir/velpatasvir/voxila previr</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCRIT	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ILARIS	<i>canakinumab/pf</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	FIRDAPSE	<i>amifampridine phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMATROPE	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUCALA	<i>mepolizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROGRAF	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROGRAF	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PEGASYS	<i>peginterferon alfa-2a</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KISQALI FEMARA CO- PACK	<i>ribociclib succinate/letrozole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KISQALI FEMARA CO- PACK	<i>ribociclib succinate/letrozole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KISQALI FEMARA CO- PACK	<i>ribociclib succinate/letrozole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recomb,full length (alb- free),antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RENFLIXIS	<i>infliximab-abda</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEORAL	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUBLOCADE	<i>buprenorphine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cyclosporine</i>	<i>cyclosporine</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	THROMBATE III	<i>antithrombin iii (human plasma derived)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COPAXONE	<i>glatiramer acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>glatiramer acetate</i>	<i>glatiramer acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XENAZINE	<i>tetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XENAZINE	<i>tetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CINRYZE	<i>c1 esterase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KINERET	<i>anakinra</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUBLOCADE	<i>buprenorphine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TREMFYA	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KISQALI	<i>ribociclib succinate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUWIQ	<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KISQALI	<i>ribociclib succinate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TURALIO	<i>pexidartinib hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KISQALI	<i>ribociclib succinate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	WAKIX	<i>pitolisant hcl</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	JIVI	<i>antihemophilic factor (fviii) rec, b-domain deleted peg-aucl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENCIA	<i>abatacept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OXBRYTA	<i>voxelotor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JIVI	<i>antihemophilic factor (fviii) rec, b-domain deleted peg-aucl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENCIA	<i>abatacept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JIVI	<i>antihemophilic factor (fviii) rec, b-domain deleted peg-aucl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	WAKIX	<i>pitolisant hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JIVI	<i>antihemophilic factor (fviii) rec, b-domain deleted peg-aucl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IMURAN	<i>azathioprine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FIBRYGA	<i>fibrinogen</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RITUXAN	<i>rituximab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	EPIVIR	<i>lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZOLINZA	<i>vorinostat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INGREZZA	<i>valbenazine tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>treprostinil</i>	<i>treprostinil sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>treprostinil</i>	<i>treprostinil sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>treprostinil</i>	<i>treprostinil sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>treprostinil</i>	<i>treprostinil sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fondaparinux sodium</i>	<i>fondaparinux sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORFADIN	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPIVIR HBV	<i>lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KCENTRA	<i>human prothrombin complex concentrate (pcc), 4-factor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>gemcitabine hcl</i>	<i>gemcitabine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BENEFIX	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RAPAMUNE	<i>sirolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fondaparinux sodium</i>	<i>fondaparinux sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CALQUENCE	<i>acalabrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORFADIN	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PLEGRIDY PEN	<i>peginterferon beta-1a</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PLEGRIDY	<i>peginterferon beta-1a</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REMODULIN	<i>treprostinil sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PLEGRIDY	<i>peginterferon beta-1a</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REMODULIN	<i>treprostinil sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REMODULIN	<i>treprostinil sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZORTRESS	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZIAGEN	<i>abacavir sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PLEGRIDY PEN	<i>peginterferon beta-1a</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEMANGEOL	<i>propranolol hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORFADIN	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MATULANE	<i>procarbazine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARIXTRA	<i>fondaparinux sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARIXTRA	<i>fondaparinux sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARIXTRA	<i>fondaparinux sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VELCADE	<i>bortezomib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fondaparinux sodium</i>	<i>fondaparinux sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REMODULIN	<i>treprostinil sodium</i>	ADD UM: SPECIALTY		Specialty Drug

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DYSPORT	<i>abobotulinumtoxina</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IMBRUVICA	<i>ibrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CORLANOR	<i>ivabradine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>ribavirin</i>	<i>ribavirin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IMBRUVICA	<i>ibrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IMBRUVICA	<i>ibrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IMBRUVICA	<i>ibrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NIVESTYM	<i>filgrastim-aafi</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cyclosporine</i>	<i>cyclosporine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NIVESTYM	<i>filgrastim-aafi</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROGRAF	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fosaprepitant dimeglumine</i>	<i>fosaprepitant dimeglumine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>mercaptopurine</i>	<i>mercaptopurine</i>	ADD UM: SPECIALTY		Specialty Drug

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	REPATHA SURECLICK	<i>evolocumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EMCYT	<i>estramustine phosphate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENTYVIO	<i>vedolizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUTROPIN AQ NUSPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUTROPIN AQ NUSPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYRIZI ON- BODY	<i>risankizumab-rzaa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ONFI	<i>clobazam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDIMMUNE	<i>cyclosporine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>epoprostenol sodium</i>	<i>epoprostenol sodium (glycine)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYBOST	<i>cobicistat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>floxuridine</i>	<i>floxuridine</i>	ADD UM: SPECIALTY		Specialty Drug

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ONFI	<i>clobazam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FEIBA,FEIBA NF	<i>anti-inhibitor coagulant complex</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OBIZUR	<i>antihemophilic factor viii, recombinant porcine sequence</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CABLIVI	<i>caplacizumab-yhdp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TEGSEDI	<i>inotersen sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROMACTA	<i>eltrombopag olamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BETASERON	<i>interferon beta-1b</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRACLEER	<i>bosentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIZIMPRO	<i>dacomitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BENLYSTA	<i>belimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIZIMPRO	<i>dacomitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIZIMPRO	<i>dacomitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZORTRESS	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZORTRESS	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZORTRESS	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>methotrexate,met hotrexate sodium</i>	<i>methotrexate sodium/pf</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	azathioprine	azathioprine	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	azathioprine	azathioprine	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDELVION	<i>factor ix recombinant,albumin fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INTELENCE	<i>etravirine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RIASTAP	<i>fibrinogen</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor,human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REYATAZ	<i>atazanavir sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	everolimus	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor,human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TIKOSYN	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	everolimus	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor,human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor,human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DUPIXENT SYRINGE	<i>dupilumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	didanosine	<i>didanosine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREZISTA	<i>darunavir ethanolate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>epoprostenol sodium</i>	<i>epoprostenol sodium (glycine)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>granisetron hcl</i>	<i>granisetron hcl/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KUVAN	<i>sapropterin dihydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CATHFLO ACTIVASE	<i>alteplase</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TURALIO	<i>pexidartinib hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TREMFYA	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KESIMPTA PEN	<i>ofatumumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MEKTOVI	<i>binimetinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LEUKINE	<i>sargramostim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BRAFTOVI	<i>encorafenib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMMAKED	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMMAKED	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IMBRUVICA	<i>ibrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMATROPE	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDIMMUNE	<i>cyclosporine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANCUSO	<i>granisetron</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VENTAVIS	<i>iloprost tromethamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMMAKED	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GRANIX	<i>tbo-filgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GRANIX	<i>tbo-filgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARIKAYCE	<i>amikacin sulfate liposomal with nebulizer accessories</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUSTIVA	<i>efavirenz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAZYVA	<i>obinutuzumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ERLEADA	<i>apalutamide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TOBI	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	XELJANZ XR	<i>tofacitinib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TASIGNA	<i>nilotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fludarabine phosphate</i>	<i>fludarabine phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XPOVIO	<i>selinexor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDOSTATIN	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>gemcitabine hcl</i>	<i>gemcitabine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FERRIPROX	<i>deferiprone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GLASSIA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TALTZ AUTOINJECTOR	<i>ixekizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TALTZ AUTOINJECTOR (2 PACK)	<i>ixekizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TALTZ AUTOINJECTOR (3 PACK)	<i>ixekizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XPOVIO	<i>selinexor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KALETRA	<i>lopinavir/ritonavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XPOVIO	<i>selinexor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENCIA	<i>abatacept/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XPOVIO	<i>selinexor</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	AKYNZEO	<i>fosnetupitant chloride hcl/palonosetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ONUREG	<i>azacitidine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIGADRONE	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ONUREG	<i>azacitidine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XPOVIO	<i>selinexor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ACTEMRA	<i>tocilizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>azathioprine</i>	<i>azathioprine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPROLIX	<i>factor ix recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sodium phenylbutyrate</i>	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KUVAN	<i>sapropterin dihydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PURIXAN	<i>mercaptopurine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RECOMBINATE	<i>antihemophilic factor viii, human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RECOMBINATE	<i>antihemophilic factor viii, human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROGRAF	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BAFIERTAM	<i>monomethyl fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIRACEPT	<i>nelfinavir mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KEYTRUDA	<i>pembrolizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INFED	<i>iron dextran complex</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	NIPENT	<i>pentostatin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EYLEA	<i>aflibercept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ESBRIET	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEMOFIL M	<i>antihemophilic factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEMOFIL M	<i>antihemophilic factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETACRIT	<i>epoetin alfa-epbx</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SILIQ	<i>brodalumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NYVEPRIA	<i>pegfilgrastim-apgf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CARAC	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REPATHA PUSHTRONEX	<i>evolocumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENBREL	<i>etanercept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRIZIVIR	<i>abacavir sulfate/lamivudine/zidovudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BRUKINSA	<i>zanubrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIMPONI	<i>golimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cytarabine</i>	<i>cytarabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUTROPIN AQ NUSPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIMPONI	<i>golimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>hydroxyprogesterone caproate</i>	<i>hydroxyprogesterone caproate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	FOLOTYN	<i>pralatrexate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FOLOTYN	<i>pralatrexate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIRAMUNE XR	<i>nevirapine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA PEN CROHN'S-UC-HS	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPOGEN	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TEMODAR	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TEMODAR	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>clofarabine</i>	<i>clofarabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GILENYA	<i>fingolimod hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CINQAIR	<i>reslizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: SPECIALTY		Specialty Drug

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	AFINITOR DISPERZ	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and 0.9 % sodium chloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFINITOR DISPERZ	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFINITOR DISPERZ	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XTANDI	<i>enzalutamide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORFADIN	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REZUROCK	<i>belumosudil mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SPRAVATO	<i>esketamine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SPRAVATO	<i>esketamine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>etoposide</i>	<i>etoposide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>nevirapine er</i>	<i>nevirapine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KUVAN	<i>sapropterin dihydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PIQRAY	<i>alpelisib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PIQRAY	<i>alpelisib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PIQRAY	<i>alpelisib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENTYVIO PEN	<i>vedolizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>dalfampridine er</i>	<i>dalfampridine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LEXIVA	<i>fosamprenavir calcium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORFADIN	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HARVONI	<i>ledipasvir/sofosbuvir</i>	ADD UM: SPECIALTY		Specialty Drug

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	SOVALDI	<i>sofosbuvir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYSTARAN	<i>cysteamine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ESPEROCT	<i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ESPEROCT	<i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ESPEROCT	<i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETISERT	<i>fluocinolone acetonide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ESPEROCT	<i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ESPEROCT	<i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TAVALISSE	<i>fostamatinib disodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO	<i>treprostinil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AYVAKIT	<i>avapritinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AYVAKIT	<i>avapritinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AYVAKIT	<i>avapritinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FENSOLVI	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TAVNEOS	<i>avacopan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sodium oxybate</i>	<i>sodium oxybate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO REFILL KIT	<i>treprostinil/nebulizer accessories</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYREM	<i>sodium oxybate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENBREL	<i>etanercept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIDAZA	<i>azacitidine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TASIGNA	<i>nilotinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XELODA	<i>capecitabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCRIT	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOSEVEN RT	<i>coagulation factor viia (recombinant)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NORVIR	<i>ritonavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPIVIR	<i>lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SEROSTIM	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VONJO	<i>pacritinib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO STARTER KIT	<i>treprostinil/nebulizer and accessories</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDOSTATIN	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ISENTRESS	<i>raltegravir potassium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RUCONEST	<i>c1 esterase inhibitor, recombinant</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ISENTRESS	<i>raltegravir potassium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AKYNZEO	<i>netupitant/palonosetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INVIRASE	<i>saquinavir mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sirolimus</i>	<i>sirolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cytarabine</i>	<i>cytarabine/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CORLANOR	<i>ivabradine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BOSULIF	<i>bosutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KALETRA	<i>lopinavir/ritonavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFSTYLA	<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFSTYLA	<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>miglustat</i>	<i>miglustat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZAVESCA	<i>miglustat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CORLANOR	<i>ivabradine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENBREL	<i>etanercept</i>	ADD UM: SPECIALTY		Specialty Drug

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	AUSTEDO	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AUSTEDO	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AUSTEDO	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KEVZARA	<i>sarilumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INTELENCE	<i>etravirine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HARVONI	<i>ledipasvir/sofosbuvir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRIUMEQ	<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DUPIXENT SYRINGE	<i>dupilumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>ledipasvir-sofosbuvir</i>	<i>ledipasvir/sofosbuvir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INTELENCE	<i>etravirine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KEVZARA	<i>sarilumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRUSELTIQ	<i>infigratinib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DUPIXENT SYRINGE	<i>dupilumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OCREVUS	<i>ocrelizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	FASENRA	<i>benralizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>stavudine</i>	<i>stavudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SEROSTIM	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDELVION	<i>factor ix recombinant,albumin fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETROVIR	<i>zidovudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDELVION	<i>factor ix recombinant,albumin fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDELVION	<i>factor ix recombinant,albumin fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MOZOBIL	<i>plerixafor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PULMOZYME	<i>dornase alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>icatibant</i>	<i>icatibant acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CELLCEPT	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDELVION	<i>factor ix recombinant,albumin fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRUSELTIQ	<i>infigratinib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FIRAZYR	<i>icatibant acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRUSELTIQ	<i>infigratinib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VYNDAMAX	<i>tafamidis</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRUSELTIQ	<i>infigratinib phosphate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	PRIVIGEN	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPZICOM	<i>abacavir sulfate/lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SPRYCEL	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SPRYCEL	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	STELARA	<i>ustekinumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETACRIT	<i>epoetin alfa-epbx</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	STELARA	<i>ustekinumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>plerixafor</i>	<i>plerixafor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JADENU SPRINKLE	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LENVIMA	<i>lenvatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JADENU SPRINKLE	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JADENU SPRINKLE	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OFEV	<i>nintedanib esylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OFEV	<i>nintedanib esylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RECLAST	<i>zoledronic acid in mannitol &amp; water for injection,zoledronic acid in mannitol and water for injection</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARIXTRA	<i>fondaparinux sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TIBSOVO	<i>ivosidenib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DUPIXENT PEN	<i>dupilumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPHANINE SD	<i>factor ix</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	STELARA	<i>ustekinumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BETASERON	<i>interferon beta-1b</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCRIT	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OPDIVO	<i>nivolumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>doxercalciferol</i>	<i>doxercalciferol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRUVADA	<i>emtricitabine/tenofovir disoproxil fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LENVIMA	<i>lenvatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LENVIMA	<i>lenvatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LENVIMA	<i>lenvatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OPDIVO	<i>nivolumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUPLAZID	<i>pimavanserin tartrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LENVIMA	<i>lenvatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUPLAZID	<i>pimavanserin tartrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	AFSTYLA	<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFSTYLA	<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFSTYLA	<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFSTYLA	<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFSTYLA	<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPIVIR HBV	<i>lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor,human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TECFIDERA	<i>dimethyl fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JADENU	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JADENU	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TECFIDERA	<i>dimethyl fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JADENU	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TECFIDERA	<i>dimethyl fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZYTIGA	<i>abiraterone acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIEKIRA PAK	<i>ombitasvir/paritaprevir/ritonavir/dasabuvir sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCRIT	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREZCOBIX	<i>darunavir ethanolate/cobicistat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	YUSIMRY(CF) PEN	<i>adalimumab-aqvh</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROMACTA	<i>eltrombopag olamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA(CF) PEDIATRIC CROHN'S	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT-PED	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPOGEN	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug

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



# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>adalimumab-adaz(adaz(cf))</i>	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EXJADE	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EXJADE	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KYPROLIS	<i>carfilzomib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPROLIX	<i>factor ix recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPROLIX	<i>factor ix recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYWAV	<i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPROLIX	<i>factor ix recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENBREL SURECLICK	<i>etanercept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CERDELGA	<i>eliglustat tartrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALIQOPA	<i>copanlisib di-hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>didanosine</i>	<i>didanosine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPROLIX	<i>factor ix recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>Ianreotide acetate</i>	<i>Ianreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EMTRIVA	<i>emtricitabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MYALEPT	<i>metreleptin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SYMDEKO	<i>tezacaftor/ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO INSTITUTIONAL START KIT	<i>treprostinil/nebulizer and accessories</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FILSPARI	<i>sparsentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FILSPARI	<i>sparsentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYTOGAM	<i>cytomegalovirus immune glob, cytomegalovirus immune globulin (human)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NULOJIX	<i>belatacept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XPOVIO	<i>selinexor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYPERRAB S-D	<i>rabies immune globulin/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FLOLAN	<i>epoprostenol sodium (glycine)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYPERTET	<i>tetanus immune globulin/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYPERRHO S-D	<i>rho(d) immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYPERRHO S-D	<i>rho(d) immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARCALYST	<i>rilonacept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FLOLAN	<i>epoprostenol sodium (glycine)</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	INFLECTRA	<i>infliximab-dyyb</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA(CF) PEDIATRIC CROHN'S	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MULPLETA	<i>lusutrombopag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELELYSO	<i>taliglucerase alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SYMPAZAN	<i>clobazam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LORBRENA	<i>lorlatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LORBRENA	<i>lorlatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SYMPAZAN	<i>clobazam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENBREL	<i>etanercept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SYMPAZAN	<i>clobazam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZOKINVY	<i>lonafarnib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZOKINVY	<i>lonafarnib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RIABNI	<i>rituximab-arrx</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XALKORI	<i>crizotinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XALKORI	<i>crizotinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XELJANZ XR	<i>tofacitinib citrate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ADVATE,ADVAT E SH	<i>antihemophilic factor (fviii) recomb,full length (alb- free),antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADVATE,ADVAT E H	<i>antihemophilic factor (fviii) recomb,full length (alb- free),antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OXBRYTA	<i>voxelotor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO DPI	<i>treprostnil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADVATE,ADVAT E L	<i>antihemophilic factor (fviii) recomb,full length (alb- free),antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADVATE,ADVAT E M	<i>antihemophilic factor (fviii) recomb,full length (alb- free),antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KALYDECO	<i>ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ERIVEDGE	<i>vismodegib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INLYTA	<i>axitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INLYTA	<i>axitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TIVICAY PD	<i>dolutegravir sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZEPATIER	<i>elbasvir/grazoprevir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMATROPE	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT, LUPRON DEPOT (LUPANETA)	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TABRECTA	<i>capmatinib hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TABRECTA	<i>capmatinib hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BIKTARVY	<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRACLEER	<i>bosentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>bexarotene</i>	<i>bexarotene</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RAPAMUNE	<i>sirolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>adalimumab-adaz(cf) pen</i>	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TRELSTAR	<i>triptorelin pamoate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GOCOVRI	<i>amantadine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORGOVYX	<i>relugolix</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	FABRAZYME	<i>agalsidase beta</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GOCOVRI	<i>amantadine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>gemcitabine hcl</i>	<i>gemcitabine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JAYPIRCA	<i>pirtobrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JAYPIRCA	<i>pirtobrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>ribavirin</i>	<i>ribavirin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREZISTA	<i>darunavir, darunavir ethanolate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EXJADE	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RAPAMUNE	<i>sirolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>methotrexate</i>	<i>methotrexate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TUKYSA	<i>tucatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CIMZIA	<i>certolizumab pegol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>stavudine</i>	<i>stavudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PEMAZYRE	<i>pemigatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPOGEN	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CELLCEPT	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CABENUVA	<i>cabotegravir/rilpivirine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ACTEMRA ACTPEN	<i>tocilizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COPIKTRA	<i>duvelisib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PEMAZYRE	<i>pemigatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PEMAZYRE	<i>pemigatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PHEBURANE	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COPIKTRA	<i>duvelisib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MYFORTIC	<i>mycophenolate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MYFORTIC	<i>mycophenolate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETROVIR	<i>zidovudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HADLIMA	<i>adalimumab-bwwd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENSPRYNG	<i>satralizumab-mwge</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COMBIVIR	<i>lamivudine/zidovudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EXKIVITY	<i>mobocertinib succinate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cyclosporine,cycl osporine modified</i>	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADVATE,ADVAT E UH	<i>antihemophilic factor (fviii) recomb,full length (alb- free),antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	PROLIA	<i>denosumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEUPOGEN	<i>filgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UPTRAVI	<i>selexipag</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RINVOQ	<i>upadacitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOEIGHT	<i>antihemophilic factor viii recombinant, b-domain truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REYATAZ	<i>atazanavir sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOEIGHT	<i>antihemophilic factor viii recombinant, b-domain truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REYATAZ	<i>atazanavir sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOEIGHT	<i>antihemophilic factor viii recombinant, b-domain truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOEIGHT	<i>antihemophilic factor viii recombinant, b-domain truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RELEUKO	<i>filgrastim-ayow</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOEIGHT	<i>antihemophilic factor viii recombinant, b-domain truncated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sodium phenylbutyrate</i>	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYSTADANE	<i>betaine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOEIGHT	<i>antihemophilic factor viii recombinant, b-domain truncated</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	NUCALA	<i>mepolizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUCALA	<i>mepolizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOLIRIS	<i>eculizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYCAMTIN	<i>topotecan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYCAMTIN	<i>topotecan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KYPROLIS	<i>carfilzomib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ABILIFY MYCITE	<i>aripiprazole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ABILIFY MYCITE	<i>aripiprazole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	YUFLYMA(CF) AUTOINJECT (2 PCK),YUFLYMA( CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROFILNINE,PR OFILNINE SD	<i>factor ix complex human,factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RELEUKO	<i>filgrastim-ayow</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROMACTA	<i>eltrombopag olamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SELZENTRY	<i>maraviroc</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XTANDI	<i>enzalutamide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SELZENTRY	<i>maraviroc</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XTANDI	<i>enzalutamide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RELEUKO	<i>filgrastim-ayow</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>lamivudine,lamivudine hbv</i>	<i>lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ISENTRESS	<i>raltegravir potassium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LIQREV	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GATTEX	<i>teduglutide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GILOTRIF	<i>afatinib dimaleate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RELEUKO	<i>filgrastim-ayow</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ABILIFY MYCITE	<i>aripiprazole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RUZURGI	<i>amifampridine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>lamivudine</i>	<i>lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	STELARA	<i>ustekinumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GILOTRIF	<i>afatinib dimaleate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>zidovudine</i>	<i>zidovudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	GILOTRIF	<i>afatinib dimaleate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GATTEX	<i>teduglutide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUWIQ	<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUWIQ	<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUWIQ	<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ABILIFY MYCITE	<i>aripiprazole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ABILIFY MYCITE	<i>aripiprazole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ABILIFY MYCITE	<i>aripiprazole</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BALVERSA	<i>erdafitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORKAMBI	<i>lumacaftor/ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MYTESI	<i>crofelemer</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUWIQ	<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUWIQ	<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENGRAF	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cladribine</i>	<i>cladribine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT-PED	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMATE-P	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	HUMATE-P	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUBEQA	<i>darolutamide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REYATAZ	<i>atazanavir sulfate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GLATOPA	<i>glatiramer acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMATE-P	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GRANIX	<i>tbo-filgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCYSBI	<i>cysteamine bitartrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GRANIX	<i>tbo-filgrastim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUTENT	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>paricalcitol</i>	<i>paricalcitol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT-PED	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>paricalcitol</i>	<i>paricalcitol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>paricalcitol</i>	<i>paricalcitol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROFILNINE,PROFILNINE SD	<i>factor ix complex human, factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUTENT	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUTENT	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SPRYCEL	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sirolimus</i>	<i>sirolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZIEXTENZO	<i>pegfilgrastim-bmez</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	REVATIO	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROFILNINE,PR OFILNINE SD	<i>factor ix complex human, factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPHANINE SD	<i>factor ix</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SPRYCEL	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SPRYCEL	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BALVERSA	<i>erdafitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BUPHENYL	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BALVERSA	<i>erdafitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROGRAF	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REBIF	<i>interferon beta-1a/albumin human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REBIF	<i>interferon beta-1a/albumin human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>lamivudine- zidovudine</i>	<i>lamivudine/zidovudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REVLIMID	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFINITOR	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFINITOR	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZOMACTON	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EDURANT	<i>rilpivirine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ISTURISA	<i>osilodrostat phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ISTURISA	<i>osilodrostat phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEMOFIL M	<i>antihemophilic factor, human</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ISTURISA	<i>osilodrostat phosphate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BOSULIF	<i>bosutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BOSULIF	<i>bosutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZOMACTON	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORLADEYO	<i>berotralstat hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LETAIRIS	<i>ambrisentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORLADEYO	<i>berotralstat hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LETAIRIS	<i>ambrisentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OLUMIANT	<i>baricitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XELJANZ	<i>tofacitinib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VONVENDI	<i>von willebrand factor (recombinant)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VONVENDI	<i>von willebrand factor (recombinant)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZEMPLAR	<i>paricalcitol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZEMPLAR	<i>paricalcitol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ILUMYA	<i>tildrakizumab-asmn</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OLUMIANT	<i>baricitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PEGASYS	<i>peginterferon alfa-2a</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCYSBI	<i>cysteamine bitartrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sofosbuvir-velpatasvir</i>	<i>sofosbuvir/velpatasvir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EPCLUSA	<i>sofosbuvir/velpatasvir</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	NUWIQ	<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TUKYSA	<i>tucatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOVALTRY	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDACIO(CF) PEN CROHN'S-UC	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT-PED	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IDACIO(CF) PEN PSORIASIS	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENGRAF	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOVALTRY	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREVYMIS	<i>letermovir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREVYMIS	<i>letermovir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREVYMIS	<i>letermovir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREVYMIS	<i>letermovir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OCALIVA	<i>obeticholic acid</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOVALTRY	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOVALTRY	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	KOVALTRY	<i>antihemophilic factor (fviii) recombinant, full length</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OCALIVA	<i>obeticholic acid</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LYNPARZA	<i>olaparib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LYNPARZA	<i>olaparib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tacrolimus</i>	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PERSERIS	<i>risperidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PERSERIS	<i>risperidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALPROLIX	<i>factor ix recombinant, fc fusion protein</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cytarabine</i>	<i>cytarabine/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIGNIFOR	<i>pasireotide diaspertate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIGNIFOR	<i>pasireotide diaspertate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VUMERITY	<i>diroximel fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EMEND	<i>fosaprepitant dimeglumine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORENITRAM ER	<i>treprostinil diolamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	OLUMIANT	<i>baricitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SIGNIFOR	<i>pasireotide diaspertate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LENVIMA	<i>lenvatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LENVIMA	<i>lenvatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREZISTA	<i>darunavir, darunavir ethanolate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMUNEX-C	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>doxercalciferol</i>	<i>doxercalciferol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REVCIVI	<i>elapegademase-ivlr</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ESBRIET	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ESBRIET	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KITABIS PAK	<i>tobramycin/nebulizer</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XPOVIO	<i>selinexor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYNTHA	<i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETROVIR	<i>zidovudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYNTHA	<i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tobramycin</i>	<i>tobramycin/nebulizer</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	XYNTHA	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XYNTHA	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REVLIMID	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REVLIMID	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CAYSTON	<i>aztreonam lysine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUTENT	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DAYBUE	<i>trofinetide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>bosentan</i>	<i>bosentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KCENTRA	<i>human prothrombin complex concentrate (pcc), 4-factor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COPAXONE	<i>glatiramer acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VPRIV	<i>velaglucerase alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	MYCAPSSA	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REBINYN	<i>factor ix (human) recombinant, pegylated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EMTRIVA	<i>emtricitabine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REBINYN	<i>factor ix (human) recombinant, pegylated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REBINYN	<i>factor ix (human) recombinant, pegylated</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NORTHERA	<i>droxidopa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>glatiramer acetate</i>	<i>glatiramer acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENGRAF	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SEROSTIM	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NORTHERA	<i>droxidopa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NORTHERA	<i>droxidopa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HADLIMA PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AZASAN	<i>azathioprine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AZASAN	<i>azathioprine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VERZENIO	<i>abemaciclib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VERZENIO	<i>abemaciclib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VERZENIO	<i>abemaciclib</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ALIMTA	<i>pemetrexed disodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VERZENIO	<i>abemaciclib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>granisetron hcl</i>	<i>granisetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DUPIXENT PEN	<i>dupilumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FINTEPLA	<i>fenfluramine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>palonosetron hcl</i>	<i>palonosetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>zidovudine</i>	<i>zidovudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INGREZZA	<i>valbenazine tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>granisetron hcl</i>	<i>granisetron hcl/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BUPHENYL	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ISENTRESS	<i>raltegravir potassium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>lamivudine</i>	<i>lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TIVICAY	<i>dolutegravir sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HADLIMA(CF) PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OMNITROPE	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TAGRISSO	<i>osimertinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	TAGRISSO	<i>osimertinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RAPAMUNE	<i>sirolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>clobazam</i>	<i>clobazam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>clobazam</i>	<i>clobazam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	QINLOCK	<i>ripretinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HADLIMA(CF)	<i>adalimumab-bwwd</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CIMZIA	<i>certolizumab pegol</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYKLOKAPRON	<i>tranexamic acid</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EVRYSDI	<i>risdiplam</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MEPSEVII	<i>vestronidase alfa-vj bk</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sirolimus</i>	<i>sirolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	CELLCEPT	<i>mycophenolate mofetil hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMUNEX-C	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LITFULO	<i>ritlecitinib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMUNEX-C	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RECOMBINATE	<i>antihemophilic factor viii, human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COTELLIC	<i>cobimetinib fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UZEDY	<i>risperidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>deferiprone</i>	<i>deferiprone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UZEDY	<i>risperidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UZEDY	<i>risperidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UKONIQ	<i>umbralisib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>adefovir dipivoxil</i>	<i>adefovir dipivoxil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UZEDY	<i>risperidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UZEDY	<i>risperidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEPSERA	<i>adefovir dipivoxil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UZEDY	<i>risperidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	UZEDY	<i>risperidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ENBREL MINI	<i>etanercept</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VENTAVIS	<i>iloprost,iloprost tromethamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ROZLYTREK	<i>entrectinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OXERVATE	<i>cenegermin-bkbj</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LIVMARLI	<i>maralixibat chloride</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LENVIMA	<i>lenvatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	XELJANZ	<i>tofacitinib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ZELBORAF	<i>vemurafenib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VOTRIENT	<i>pazopanib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>nevirapine</i>	<i>nevirapine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>calcitonin-salmon</i>	<i>calcitonin, salmon, synthetic</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TIKOSYN	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ALECENSA	<i>alectinib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYPERHEP B	<i>hepatitis b immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	STRIBILD	<i>elvitegravir/cobicistat/emtrici tabine/tenofovir disoproxil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYPERHEP B	<i>hepatitis b immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PAXLOVID,PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SUSTIVA	<i>efavirenz</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>nevirapine</i>	<i>nevirapine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IMBRUVICA	<i>ibrutinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EFUDEX	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VENCLEXTA	<i>venetoclax</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VENCLEXTA	<i>venetoclax</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOSELUGO	<i>selumetinib sulfate/vitamin e tpgs</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VENCLEXTA	<i>venetoclax</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VENCLEXTA STARTING PACK	<i>venetoclax</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOSELUGO	<i>selumetinib sulfate/vitamin e tpgs</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	BENLYSTA	<i>belimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARZERRA	<i>ofatumumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LUPRON DEPOT,LUPRON DEPOT (LUPANETA)	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MEKINIST	<i>trametinib dimethyl sulfoxide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BENLYSTA	<i>belimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RINVOQ	<i>upadacitinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDOSTATIN	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NUCALA	<i>mepolizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>nilutamide</i>	<i>nilutamide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cyclosporine modified</i>	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	APOKYN	<i>apomorphine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DELSTRIGO	<i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>apomorphine hcl</i>	<i>apomorphine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HYPERHEP B	<i>hepatitis b immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PIFELTRO	<i>doravirine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NEORAL	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VALCHLOR	<i>mechlorethamine hcl</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	UDENYCA AUTOINJECTOR	<i>pegfilgrastim-cbqv</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MEKINIST	<i>trametinib dimethyl sulfoxide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RECOMBINATE	<i>antihemophilic factor viii, human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TARGRETIN	<i>bexarotene</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BERINERT	<i>c1 esterase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	LOVENOX	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADEMPAS	<i>riociguat</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	MICRHOGAM ULTRA- FILTERED PLUS	<i>rho(d) immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RHOGAM ULTRA- FILTERED PLUS	<i>rho(d) immune globulin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ILUVIEN	<i>fluocinolone acetonide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	MONONINE	<i>factor ix</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>pamidronate disodium</i>	<i>pamidronate disodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>pamidronate disodium</i>	<i>pamidronate disodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETACRIT	<i>epoetin alfa-epbx</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	DYSPORT	<i>abobotulinumtoxinA</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SYNAGIS	<i>palivizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SYNAGIS	<i>palivizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	YONSA	<i>abiraterone acetate, submicronized</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	FRAGMIN	<i>dalteparin sodium,porcine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETACRIT	<i>epoetin alfa-epbx</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ACTEMRA	<i>tocilizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETACRIT	<i>epoetin alfa-epbx</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ACTEMRA	<i>tocilizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ACTEMRA	<i>tocilizumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SPRYCEL	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NPLATE	<i>romiplostim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ATRIPLA	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	NPLATE	<i>romiplostim</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SANDIMMUNE	<i>cyclosporine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COMETRIQ	<i>cabozantinib s-malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COMETRIQ	<i>cabozantinib s-malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	COMETRIQ	<i>cabozantinib s-malate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HUMIRA PEN PSOR-UEITS- ADOL HS	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VELETRI	<i>epoprostenol sodium, epoprostenol sodium (arginine)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	IMOGAM RABIES-HT	<i>rabies immune globulin/pf</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cyclosporine, cycl osporine modified</i>	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADRUCIL	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	REBIF	<i>interferon beta-1a/albumin human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	XELJANZ	<i>tofacitinib citrate</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PROCRIT	<i>epoetin alfa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>entecavir</i>	<i>entecavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AVSOLA	<i>infliximab-axxq</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	EGRIFTA SV	<i>tesamorelin acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>granisetron hcl</i>	<i>granisetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>entecavir</i>	<i>entecavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PREZISTA	<i>darunavir ethanolate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>cyclosporine, cycl osporine modified</i>	<i>cyclosporine, modified</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	RETACRIT	<i>epoetin alfa-epbx</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>sildenafil, sildenafil i citrate</i>	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KALYDECO	<i>ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OMNITROPE	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BARACLUDE	<i>entecavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	BARACLUDE	<i>entecavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	KOATE	<i>antihemophilic factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOATE	<i>antihemophilic factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	KOATE	<i>antihemophilic factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIREAD	<i>tenofovir disoproxil fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PRALUENT PEN	<i>alirocumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ARANESP	<i>darbepoetin alfa in polysorbate 80</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	PRALUENT PEN	<i>alirocumab</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	WILATE	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>tranexamic acid-nacl</i>	<i>tranexamic acid in sodium chloride, iso-osmotic</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	HEMOFIL M	<i>antihemophilic factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	WILATE	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VIRACEPT	<i>nelfinavir mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORKAMBI	<i>lumacaftor/ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>bosentan</i>	<i>bosentan</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ORKAMBI	<i>lumacaftor/ivacaftor</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ACTHAR	<i>corticotropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	OTEZLA	<i>apremilast</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	INGREZZA INITIATION PK(TARDIV)	<i>valbenazine tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	VELETRI	<i>epoprostenol sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>stavudine</i>	<i>stavudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOSEVEN RT	<i>coagulation factor viia (recombinant)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOSEVEN RT	<i>coagulation factor viia (recombinant)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	NOVOSEVEN RT	<i>coagulation factor viia (recombinant)</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	AFINITOR	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	SKYRIZI (2 SYRINGES) KIT	<i>risankizumab-rzaa</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	GENOTROPIN	<i>somatropin</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	ADCIRCA	<i>tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
01/09/2024	RAZADYNE ER	<i>galantamine hbr</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
01/09/2024	RAZADYNE ER	<i>galantamine hbr</i>	REMOVE UM: PANAME	Non Preferred PA	
01/09/2024	RAZADYNE ER	<i>galantamine hbr</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
01/09/2024	RAZADYNE ER	<i>galantamine hbr</i>	REMOVE UM: PANAME	Non Preferred PA	
01/09/2024	RAZADYNE ER	<i>galantamine hbr</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
01/09/2024	RAZADYNE ER	<i>galantamine hbr</i>	REMOVE UM: PANAME	Non Preferred PA	
01/09/2024	PROCARDIA XL	<i>nifedipine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/09/2024	PROCARDIA XL	<i>nifedipine</i>	REMOVE UM: PANAME	Non Preferred PA	
01/09/2024	TRUSOPT	<i>dorzolamide hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
01/09/2024	TRUSOPT	<i>dorzolamide hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
01/09/2024	MOBIC	<i>meloxicam</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
01/09/2024	MOBIC	<i>meloxicam</i>	REMOVE UM: PANAME	Non Preferred PA	
01/09/2024	<i>apadaz, benzhydr</i> <i>ocodone-</i> <i>acetaminophen</i>	<i>benzhydrocodone</i> <i>hcl/acetaminophen</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
01/09/2024	<i>apadaz, benzhydr</i> <i>ocodone-</i> <i>acetaminophen</i>	<i>benzhydrocodone</i> <i>hcl/acetaminophen</i>	REMOVE UM: PANAME	Non Preferred PA	
01/09/2024	AQUA GLYCOLIC HC	<i>hydrocortisone/skin cleanser</i> <i>combination no.25</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
01/09/2024	AQUA GLYCOLIC HC	<i>hydrocortisone/skin cleanser</i> <i>combination no.25</i>	REMOVE UM: PANAME	Non Preferred PA	
01/09/2024	LUXIQ	<i>betamethasone valerate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
01/09/2024	LUXIQ	<i>betamethasone valerate</i>	REMOVE UM: PANAME	Non Preferred PA	
01/09/2024	OLUX-E	<i>clobetasol</i> <i>propionate/emollient base</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
01/09/2024	OLUX-E	<i>clobetasol</i> <i>propionate/emollient base</i>	REMOVE UM: PANAME	Non Preferred PA	
01/18/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD TO FORMULARY		Preferred
01/18/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: PANAME		Clinical PA
01/18/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/18/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD TO FORMULARY	Non-Formulary	Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: PANAME		Clinical PA
01/18/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: FI1		Maintenance Medication
01/18/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD TO FORMULARY	Non-Formulary	Preferred
01/18/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: PANAME		Clinical PA
01/22/2024	<i>easy touch fliplock syringes</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch fliplock syringes</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch fliplock syringes</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch fliplock syringes</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>sterile clear glass vial</i>	<i>vial,empty</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>sterile clear glass vial</i>	<i>vial,empty</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>extended reservoir</i>	<i>insulin pump syringe, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>extended reservoir</i>	<i>insulin pump syringe, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch uni-slip</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch uni-slip</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>minimed reservoir</i>	<i>insulin pump syringe, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>minimed reservoir</i>	<i>insulin pump syringe, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>ulticare low dead space syring</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>ulticare low dead space syring</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject oral syringe,oral medication syringe</i>	<i>oral dosing devices</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject oral syringe,oral medication syringe</i>	<i>oral dosing devices</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>eclipse luer-lok syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>eclipse luer-lok syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>safety syringe-needle</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>safety syringe-needle</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>eclipse luer-lok syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>eclipse luer-lok syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>integra syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>integra syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe, syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe, syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>carepoint luer lock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>carepoint luer lock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch fliplock syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch fliplock syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe w-needle,disposab,3ml,syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe w-needle,disposab,3ml,syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch fliplock syringes</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch fliplock syringes</i>	<i>syringe, safety with needle, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch fliplock syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch fliplock syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>caretouch luer lock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>caretouch luer lock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch fliplock syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>easy touch fliplock syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>paradigm</i>	<i>insulin pump syringe, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>paradigm</i>	<i>insulin pump syringe, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>caretouch luer slip syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>caretouch luer slip syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>eclipse luer-lok syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>eclipse luer-lok syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe w-needle,disposab,3ml,syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe w-needle,disposab,3ml,syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>integra syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>integra syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>integra syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>integra syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe, safety 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe, safety 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch luer lock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch luer lock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>eclipse luer-lok syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>eclipse luer-lok syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch sheathlock syrg-ndl</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch sheathlock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch sheathlock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>safetyglide syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>safetyglide syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>precisedose dispenser syringe</i>	<i>oral dosing devices</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>precisedose dispenser syringe</i>	<i>oral dosing devices</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject magellan</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject magellan</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>eclipse syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>eclipse syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>integra syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>integra syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>easy touch</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>precisionglide</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>precisionglide</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy touch fliplock syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy touch fliplock syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>easy glide luer lock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>easy glide luer lock syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>eclipse syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>eclipse syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>integra syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>integra syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>t:slim x2</i>	<i>insulin pump cartridge</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>t:slim x2</i>	<i>insulin pump cartridge</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>monoject syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>vanishpoint</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>caretouch luer lock</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>safetyglide syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>safetyglide syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>monoject syringe</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>ulticare safety syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>luer-lok syringe-needle</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD TO FORMULARY		Non PDL
01/22/2024	<i>exel syringe</i>	<i>syringe with needle,disposable, 3 ml</i>	ADD UM: NTWK		Less Restrictive Formulary
01/23/2024	ENTYVIO PEN	<i>vedolizumab</i>	ADD TO FORMULARY		Non-Preferred
01/23/2024	ENTYVIO PEN	<i>vedolizumab</i>	ADD UM: PANAME		Non Preferred PA

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

# UPHP MEDICAID FORMULARY Updates

February, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	TRULICITY	<i>dulaglutide</i>	ADD UM: PANAME		Clinical PA
02/01/2024	TRULICITY	<i>dulaglutide</i>	ADD UM: PANAME		Clinical PA
02/01/2024	TRULICITY	<i>dulaglutide</i>	ADD UM: PANAME		Clinical PA
02/01/2024	TRULICITY	<i>dulaglutide</i>	ADD UM: PANAME		Clinical PA
02/01/2024	BYETTA	<i>exenatide</i>	ADD UM: PANAME		Clinical PA
02/01/2024	BYETTA	<i>exenatide</i>	ADD UM: PANAME		Clinical PA
02/01/2024	VICTOZA 2-PAK	<i>liraglutide</i>	ADD UM: PANAME		Clinical PA
02/01/2024	VICTOZA 3-PAK	<i>liraglutide</i>	ADD UM: PANAME		Clinical PA
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	CHANGE TIER	Non PDL	Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HADLIMA	<i>adalimumab-bwwd</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HADLIMA	<i>adalimumab-bwwd</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HADLIMA	<i>adalimumab-bwwd</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HADLIMA	<i>adalimumab-bwwd</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HADLIMA PUSHTOUCH	<i>adalimumab-bwwd</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HADLIMA PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: PANAME		Non Preferred PA

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	HADLIMA PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HADLIMA PUSHTOUCH	<i>adalimumab-bwwd</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HADLIMA(CF) PUSHTOUCH	<i>adalimumab-bwwd</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HADLIMA(CF) PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HADLIMA(CF) PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HADLIMA(CF) PUSHTOUCH	<i>adalimumab-bwwd</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HADLIMA(CF)	<i>adalimumab-bwwd</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HADLIMA(CF)	<i>adalimumab-bwwd</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HADLIMA(CF)	<i>adalimumab-bwwd</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HADLIMA(CF)	<i>adalimumab-bwwd</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: PANAME		Non Preferred PA

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	ADD UM: PANAME		Clinical PA
02/01/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	ADD UM: PANAME		Non Preferred PA

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	ADD UM: PANAME		Non Preferred PA

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HYRIMOZ(CF) PEDIATRIC CROHN'S	<i>adalimumab-adaz</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	REMOVE UM: NTWK	Less Restrictive Formulary	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	IDACIO(CF)	<i>adalimumab-aacf</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	IDACIO(CF)	<i>adalimumab-aacf</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	IDACIO(CF)	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	IDACIO(CF)	<i>adalimumab-aacf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	IDACIO(CF) PEN CROHN'S-UC	<i>adalimumab-aacf</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	IDACIO(CF) PEN CROHN'S-UC	<i>adalimumab-aacf</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	IDACIO(CF) PEN CROHN'S-UC	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	IDACIO(CF) PEN CROHN'S-UC	<i>adalimumab-aacf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	IDACIO(CF) PEN PSORIASIS	<i>adalimumab-aacf</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	IDACIO(CF) PEN PSORIASIS	<i>adalimumab-aacf</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	IDACIO(CF) PEN PSORIASIS	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	IDACIO(CF) PEN PSORIASIS	<i>adalimumab-aacf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	YUFLYMA(CF) AUTOINJECT (2 PCK),YUFLYMA( CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	YUFLYMA(CF) AUTOINJECT (2 PCK),YUFLYMA( CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	YUFLYMA(CF) AUTOINJECT (2 PCK),YUFLYMA( CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	YUFLYMA(CF) AUTOINJECT (2 PCK),YUFLYMA( CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	YUSIMRY(CF) PEN	<i>adalimumab-aqvh</i>	CHANGE TIER	Non PDL	Non-Preferred
02/01/2024	YUSIMRY(CF) PEN	<i>adalimumab-aqvh</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	YUSIMRY(CF) PEN	<i>adalimumab-aqvh</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	YUSIMRY(CF) PEN	<i>adalimumab-aqvh</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2024	INPEFA	<i>sotagliflozin</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – SGLT2 INHIBITORS
02/01/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: FI1		Maintenance Medication
02/01/2024	INPEFA	<i>sotagliflozin</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – SGLT2 INHIBITORS
02/01/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: FI1		Maintenance Medication
02/01/2024	LIQREV	<i>sildenafil citrate</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	LIQREV	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		PULMONARY ARTERIAL HYPERTENSION (PAH) AGENTS
02/01/2024	LIQREV	<i>sildenafil citrate</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	LIQREV	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	MIEBO	<i>perfluorohexyloctane/pf</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	MIEBO	<i>perfluorohexyloctane/pf</i>	ADD UM: QUANTITY		3 / 30 days
02/01/2024	MIEBO	<i>perfluorohexyloctane/pf</i>	ADD UM: AGE		At least 18 yrs old

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	MIEBO	<i>perfluorohexyloctane/pf</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	MIEBO	<i>perfluorohexyloctane/pf</i>	ADD UM: CUSTOM		3 mL per 30 days
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: PANAME		Clinical PA
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: CUSTOM		Quanty Limit is 8mg per week
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: PANAME		Clinical PA
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: CUSTOM		Qty limit is 8mg per week
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: PANAME		Clinical PA
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: CUSTOM		Qty limit is 8mg per week
02/01/2024	SOGROYA	<i>somapacitan-beco</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	ZAVZPRET	<i>zavegepant hcl</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	ZAVZPRET	<i>zavegepant hcl</i>	ADD UM: QUANTITY		8 / 30 days
02/01/2024	ZAVZPRET	<i>zavegepant hcl</i>	ADD UM: AGE		At least 18 yrs old
02/01/2024	ZAVZPRET	<i>zavegepant hcl</i>	ADD UM: PANAME		Clinical PA
02/01/2024	<i>adalimumab-fkjp(cf) pen</i>	<i>adalimumab-fkjp</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	<i>adalimumab-fkjp(cf) pen</i>	<i>adalimumab-fkjp</i>	ADD UM: PANAME		Non Preferred PA

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	<i>adalimumab-fkjp(cf) pen</i>	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	<i>entacapone</i>	<i>entacapone</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2024	<i>entacapone</i>	<i>entacapone</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2024	GILENYA	<i>fingolimod hcl</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2024	GILENYA	<i>fingolimod hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	GILENYA	<i>fingolimod hcl</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2024	GILENYA	<i>fingolimod hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	AJOVY SYRINGE	<i>fremanezumab-vfrm</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2024	AJOVY AUTOINJECTOR	<i>fremanezumab-vfrm</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2024	AJOVY SYRINGE	<i>fremanezumab-vfrm</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	AJOVY AUTOINJECTOR	<i>fremanezumab-vfrm</i>	ADD UM: FI1		Maintenance Medication
02/01/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2024	JYLAMVO	<i>methotrexate</i>	ADD TO FORMULARY		Non PDL
02/01/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	CHANGE UM: QUANTITY	15 / claim	60 per 30 days
02/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	CHANGE UM: QUANTITY	15 / claim	60 per 30 days
02/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	CHANGE UM: QUANTITY	15 / claim	60 per 30 days
02/01/2024	<i>granisetron hcl</i>	<i>granisetron hcl</i>	CHANGE UM: QUANTITY	15 / claim	60 per 30 days
02/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
02/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Maintenance Medication
02/01/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: PANAME		Clinical PA
02/01/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	ZORYVE	<i>roflumilast</i>	ADD TO FORMULARY		Non PDL
02/01/2024	ZORYVE	<i>roflumilast</i>	ADD UM: AGE		At least 9 yrs old
02/01/2024	ZORYVE	<i>roflumilast</i>	ADD UM: PANAME		Clinical PA
02/01/2024	ZORYVE	<i>roflumilast</i>	ADD UM: CUSTOM		see PA criteria for QL
02/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD TO FORMULARY		Non-Preferred
02/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: PANAME		Non Preferred PA
02/01/2024	<i>vitamin e</i>	<i>vitamin e (dl-alpha tocopheryl acetate)</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
02/01/2024	<i>vitamin e</i>	<i>vitamin e (dl-alpha tocopheryl acetate)</i>	ADD UM: NTWK		Less Restrictive Formulary
02/01/2024	<i>vitamin e</i>	<i>vitamin e (dl-alpha tocopheryl acetate)</i>	ADD UM: CUSTOM		Covered for CSHCS only
02/14/2024	ZULRESSO,ZURZUVAE	<i>brexanolone,zuranolone</i>	ADD UM: CUSTOM		Carve out - Bill MDCH FFS
02/14/2024	ZULRESSO,ZURZUVAE	<i>brexanolone,zuranolone</i>	REMOVE FROM FORMULARY		Non-Formulary
02/14/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: SPECIALTY		Specialty Drug
02/14/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: SPECIALTY		Specialty Drug
02/14/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

March, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/05/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD TO FORMULARY		Non-Preferred
03/05/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD TO FORMULARY		Non-Preferred
03/05/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: PANAME		Non Preferred PA
03/05/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: PANAME		Non Preferred PA
03/05/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Maintenance Medication
03/05/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Maintenance Medication
03/05/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: B4G		BRAND FOR GENERIC
03/05/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: B4G		BRAND FOR GENERIC
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD UM: AGE		At least 6 yrs old
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		Clinical PA
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD UM: AGE		At least 6 yrs old
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		Clinical PA
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD UM: AGE		At least 6 yrs old
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		Clinical PA
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD UM: AGE		At least 6 yrs old
03/05/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		Clinical PA

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/05/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD TO FORMULARY		Non-Preferred
03/05/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: PANAME		Non Preferred PA
03/13/2024	<i>elidel,pimecrolimus</i>	<i>pimecrolimus</i>	REMOVE UM: B4G		
03/25/2024	SKYRIZI	<i>risankizumab-rzaa</i>	ADD UM: SPECIALTY		Specialty Drug
03/28/2024	NEXICLON XR	<i>clonidine hcl</i>	ADD TO FORMULARY		Preferred
03/28/2024	NEXICLON XR	<i>clonidine hcl</i>	ADD UM: FI1		Maintenance Medication
03/28/2024	NAPROSYN	<i>naproxen</i>	ADD TO FORMULARY		Non-Preferred
03/28/2024	NAPROSYN	<i>naproxen</i>	ADD UM: PANAME		Non Preferred PA
03/28/2024	FIBRICOR	<i>fenofibric acid</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
03/28/2024	FIBRICOR	<i>fenofibric acid</i>	ADD UM: PANAME		Non Preferred PA
03/28/2024	FIBRICOR	<i>fenofibric acid</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
03/28/2024	FIBRICOR	<i>fenofibric acid</i>	ADD UM: PANAME		Non Preferred PA
03/28/2024	QDOLO	<i>tramadol hcl</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
03/28/2024	QDOLO	<i>tramadol hcl</i>	ADD UM: MAXQTYPERDAY		80.0 per day
03/28/2024	QDOLO	<i>tramadol hcl</i>	ADD UM: PANAME		Non Preferred PA

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# UPHP MEDICAID FORMULARY Updates

April, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD TO FORMULARY		Non PDL
04/01/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD TO FORMULARY		Non PDL
04/01/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD TO FORMULARY		Non PDL
04/01/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD TO FORMULARY		Non PDL
04/01/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	ELIDEL	<i>pimecrolimus</i>	ADD UM: QUANTITY		30 / 30 days
04/01/2024	<i>pimecrolimus</i>	<i>pimecrolimus</i>	REMOVE UM: COV	Use brand over generic	
04/01/2024	ELIDEL	<i>pimecrolimus</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
04/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
04/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE UM: CUSTOM	Covered for CSHCS only	
04/10/2024	<i>clindamycin (pediatric), clindamycin pediatric</i>	<i>clindamycin palmitate hcl</i>	ADD TO FORMULARY		Non PDL
04/10/2024	<i>clindamycin (pediatric), clindamycin pediatric</i>	<i>clindamycin palmitate hcl</i>	ADD UM: AGE		Up to 12 yrs old
04/22/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/22/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
04/22/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
04/22/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
04/22/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
04/22/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
04/22/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
04/22/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
04/22/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
04/22/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD TO FORMULARY		Non-Preferred
04/22/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: PANAME		Clinical PA
04/22/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
04/22/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD TO FORMULARY		Non PDL
04/22/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD TO FORMULARY		Non PDL
04/22/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD TO FORMULARY		Non PDL
04/22/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred
04/22/2024	HUMALOG	<i>insulin lispro</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
04/22/2024	HUMALOG	<i>insulin lispro</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
04/22/2024	HUMALOG KWIKPEN U-100	<i>insulin lispro</i>	REMOVE UM: B4G	BRAND FOR GENERIC	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/22/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
04/22/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
04/25/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
04/25/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
04/25/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: NTKW	Less Restrictive Formulary	

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# UPHP MEDICAID FORMULARY Updates

May, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	BYSTOLIC	<i>nebivolol hcl</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
05/01/2024	BYSTOLIC	<i>nebivolol hcl</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
05/01/2024	BYSTOLIC	<i>nebivolol hcl</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
05/01/2024	BYSTOLIC	<i>nebivolol hcl</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	REMOVE UM: COV	Use brand over generic	
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	REMOVE UM: COV	Use brand over generic	
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	REMOVE UM: COV	Use brand over generic	
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	REMOVE UM: COV	Use brand over generic	
05/01/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
05/01/2024	ZADITOR	<i>ketotifen fumarate</i>	CHANGE TIER	Preferred	Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	ZADITOR	<i>ketotifen fumarate</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	VIGAMOX	<i>moxifloxacin hcl</i>	CHANGE TIER	Preferred	Non-Preferred
05/01/2024	VIGAMOX	<i>moxifloxacin hcl</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	CHANGE TIER	Preferred	Non-Preferred
05/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	CHANGE TIER	Preferred	Non-Preferred
05/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	<i>moxifloxacin</i>	<i>moxifloxacin hcl</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>moxifloxacin</i>	<i>moxifloxacin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
05/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: PANAME		Clinical PA
05/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: PANAME		Clinical PA
05/01/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: PANAME		Clinical PA
05/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	AIRSUPRA	<i>albuterol sulfate/budesonide</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	AIRSUPRA	<i>albuterol sulfate/budesonide</i>	ADD UM: QUANTITY		6 inhalers per 90 days
05/01/2024	AIRSUPRA	<i>albuterol sulfate/budesonide</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: PANAME		Clinical PA
05/01/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: PANAME		Clinical PA
05/01/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: QUANTITY		6 inhalers per 90 days
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: QUANTITY		6 inhalers per 90 days
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: DRUGCLASS		BETA ADRENERGIC AND CORTICOSTEROID INHALER COMBINATIONS
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: FI1		Maintenance Medication
05/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: DRUGCLASS		BETA ADRENERGIC AND CORTICOSTEROID INHALER COMBINATIONS
05/01/2024	AIRSUPRA	<i>albuterol sulfate/budesonide</i>	ADD UM: FI1		Maintenance Medication
05/01/2024	IYUZEH	<i>latanoprost/pf</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	IYUZEH	<i>latanoprost/pf</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: DRUGCLASS		HEMATOPOIETIC AGENTS
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: PANAME		Clinical PA
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: DRUGCLASS		HEMATOPOIETIC AGENTS
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: PANAME		Clinical PA
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: DRUGCLASS		HEMATOPOIETIC AGENTS
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: PANAME		Clinical PA
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: DRUGCLASS		HEMATOPOIETIC AGENTS
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: PANAME		Clinical PA
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: DRUGCLASS		HEMATOPOIETIC AGENTS
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: PANAME		Clinical PA
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	LIKMEZ	<i>metronidazole</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	LIKMEZ	<i>metronidazole</i>	ADD UM: QUANTITY		400ml per 10 days
05/01/2024	LIKMEZ	<i>metronidazole</i>	ADD UM: DRUGCLASS		GASTROINTESTINAL ANTIBIOTICS
05/01/2024	LIKMEZ	<i>metronidazole</i>	ADD UM: PANAME		Clinical PA
05/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD UM: DRUGCLASS		GROWTH HORMONES
05/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD UM: DRUGCLASS		GROWTH HORMONES
05/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	VELSIPITY	<i>etrasimod arginine</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	VELSIPITY	<i>etrasimod arginine</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	VELSIPITY	<i>etrasimod arginine</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	VELSIPITY	<i>etrasimod arginine</i>	ADD UM: PANAME		Clinical PA
05/01/2024	VELSIPITY	<i>etrasimod arginine</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: AGE		At least 18 yrs old

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
05/01/2024	OPFOLDA	<i>miglustat</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	OPFOLDA	<i>miglustat</i>	ADD UM: CUSTOM		Carve out - bill MDCH FFS
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: MAXQTYPERDAY		2.0 per day
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JYNARQUE	<i>tolvaptan</i>	REMOVE UM: NTWK		
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: MAXQTYPERDAY		2.0 per day
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JYNARQUE	<i>tolvaptan</i>	REMOVE UM: NTWK		
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: MAXQTYPERDAY		2.0 per day
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JYNARQUE	<i>tolvaptan</i>	REMOVE UM: NTWK		
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: MAXQTYPERDAY		2.0 per day
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JYNARQUE	<i>tolvaptan</i>	REMOVE UM: NTWK	Less Restrictive Formulary	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: MAXQTYPERDAY		2.0 per day
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JYNARQUE	<i>tolvaptan</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: MAXQTYPERDAY		2.0 per day
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JYNARQUE	<i>tolvaptan</i>	REMOVE UM: NTWK		
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: MAXQTYPERDAY		2.0 per day
05/01/2024	JYNARQUE	<i>tolvaptan</i>	ADD UM: AGE		At least 18 yrs old
05/01/2024	JYNARQUE	<i>tolvaptan</i>	REMOVE UM: NTWK		
05/01/2024	<i>mometasone furoate</i>	<i>mometasone furoate</i>	CHANGE TIER		Non-Preferred
05/01/2024	<i>mometasone furoate</i>	<i>mometasone furoate</i>	CHANGE UM: DRUGCLASS		NASAL CORTICOSTER OIDS
05/01/2024	<i>mometasone furoate</i>	<i>mometasone furoate</i>	CHANGE UM: PANAME		Non Preferred PA
05/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD TO FORMULARY		Non PDL
05/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	CHANGE UM: NTWK		Less Restrictive Formulary
05/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: PANAME	Non Preferred PA	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>adalimumab-aacf(cf) pen</i>	<i>adalimumab-aacf</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-aacf(cf) pen</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-aacf(cf) pen</i>	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	OPFOLDA	<i>miglustat</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	DESCOVY	<i>emtricitabine/tenofovir alafenamide fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	DESCOVY	<i>emtricitabine/tenofovir alafenamide fumarate</i>	ADD UM: CUSTOM		Carve out - Bill MDCH FFS
05/01/2024	DESCOVY	<i>emtricitabine/tenofovir alafenamide fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	APRETUDE	<i>cabotegravir</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	APRETUDE	<i>cabotegravir</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
05/01/2024	APRETUDE	<i>cabotegravir</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	LUMAKRAS	<i>sotorasib</i>	ADD TO FORMULARY		Non PDL
05/01/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	REMOVE UM: PANAME	Non Preferred PA	
05/01/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	REMOVE UM: PANAME	Non Preferred PA	
05/01/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	REMOVE UM: PANAME	Non Preferred PA	
05/01/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	CHANGE TIER	Non-Preferred	Preferred
05/01/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	REMOVE UM: PANAME	Non Preferred PA	
05/01/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD UM: DRUGCLASS		VAGINAL ANTIBIOTICS
05/01/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	<i>diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD TO FORMULARY		Non-Preferred

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



# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD UM: DRUGCLASS		CALCIUM CHANNEL BLOCKERS - NON-DIHYDROPIRIDINE
05/01/2024	<i>diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	<i>diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Maintenance Medication
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: DRUGCLASS		NEUROPATHIC PAIN
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: DRUGCLASS		NEUROPATHIC PAIN
05/01/2024	COREG CR	<i>carvedilol phosphate</i>	CHANGE TIER	Preferred	Non-Preferred
05/01/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	COREG CR	<i>carvedilol phosphate</i>	CHANGE TIER	Preferred	Non-Preferred
05/01/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	COREG CR	<i>carvedilol phosphate</i>	CHANGE TIER	Preferred	Non-Preferred
05/01/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	COREG CR	<i>carvedilol phosphate</i>	CHANGE TIER	Preferred	Non-Preferred
05/01/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: PANAME		Non Preferred PA
05/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD UM: NTWK		Less Restrictive Formulary
05/03/2024	JALYN	<i>dutasteride/tamsulosin hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/03/2024	JALYN	<i>dutasteride/tamsulosin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	FASENRA PEN	<i>benralizumab</i>	CHANGE UM: AGE	At least 12 yrs old	At least 6 yrs old
05/03/2024	VEMLIDY	<i>tenofovir alafenamide</i>	ADD UM: AGE		At least 6 yrs old
05/03/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD TO FORMULARY		Non-Preferred
05/03/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/03/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: PANAME		Clinical PA
05/03/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
05/03/2024	YUFLYMA(CF) AI CROHN'S-UC-HS	<i>adalimumab-aaty</i>	ADD TO FORMULARY		Non-Preferred
05/03/2024	YUFLYMA(CF) AI CROHN'S-UC-HS	<i>adalimumab-aaty</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/03/2024	YUFLYMA(CF) AI CROHN'S-UC-HS	<i>adalimumab-aaty</i>	ADD UM: PANAME		Clinical PA
05/03/2024	YUFLYMA(CF) AI CROHN'S-UC-HS	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE UM: PANAME	Non Preferred PA	
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE UM: QUANTITY	1 / day	
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE UM: PANAME	Non Preferred PA	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE UM: QUANTITY	1 / day	
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE UM: PANAME	Non Preferred PA	
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE UM: QUANTITY	1 / day	
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE UM: PANAME	Non Preferred PA	
05/17/2024	CRESTOR	<i>rosuvastatin calcium</i>	REMOVE UM: QUANTITY	1 / day	
05/17/2024	TOLECTIN 600	<i>tolmetin sodium</i>	ADD TO FORMULARY		Non-Preferred
05/17/2024	TOLECTIN 600	<i>tolmetin sodium</i>	ADD UM: DRUGCLASS		NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)
05/17/2024	TOLECTIN 600	<i>tolmetin sodium</i>	ADD UM: PANAME		Non Preferred PA
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: COV	Use brand over generic	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: PANAME	Non Preferred PA	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: QUANTITY	6 / 28 Days	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: COV	Use brand over generic	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: PANAME	Non Preferred PA	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: QUANTITY	6 / 28 Days	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: COV	Use brand over generic	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: PANAME	Non Preferred PA	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: QUANTITY	6 / 28 Days	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: COV	Use brand over generic	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: PANAME	Non Preferred PA	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: QUANTITY	6 / 28 Days	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: COV	Use brand over generic	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: PANAME	Non Preferred PA	
05/17/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	REMOVE UM: QUANTITY	6 / 28 days	
05/17/2024	NALOCET	<i>oxycodone hcl/acetaminophen</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
05/17/2024	NALOCET	<i>oxycodone hcl/acetaminophen</i>	ADD UM: DRUGCLASS		NARCOTICS – SHORT AND INTERMEDIATE ACTING
05/17/2024	NALOCET	<i>oxycodone hcl/acetaminophen</i>	ADD UM: PANAME		Non Preferred PA
05/17/2024	PROLATE	<i>oxycodone hcl/acetaminophen</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	PROLATE	<i>oxycodone hcl/acetaminophen</i>	ADD UM: PANAME		Non Preferred PA
05/17/2024	PROLATE	<i>oxycodone hcl/acetaminophen</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
05/17/2024	PROLATE	<i>oxycodone hcl/acetaminophen</i>	ADD UM: PANAME		Non Preferred PA
05/17/2024	PROLATE	<i>oxycodone hcl/acetaminophen</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
05/17/2024	PROLATE	<i>oxycodone hcl/acetaminophen</i>	ADD UM: PANAME		Non Preferred PA
05/17/2024	ANZEMET	<i>dolasetron mesylate</i>	ADD TO FORMULARY		Non-Preferred
05/17/2024	ANZEMET	<i>dolasetron mesylate</i>	ADD UM: QUANTITY		10 / claim
05/17/2024	ANZEMET	<i>dolasetron mesylate</i>	ADD UM: PANAME		Non Preferred PA
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: QUANTITY		6 / 28 days
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: PANAME		Non Preferred PA
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: QUANTITY		6 / 28 days
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: PANAME		Non Preferred PA
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: QUANTITY		6 / 28 days
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: PANAME		Non Preferred PA
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: QUANTITY		6 / 28 days
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: PANAME		Non Preferred PA
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: QUANTITY		6 / 28 days

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/18/2024	<i>buprenorphine</i>	<i>buprenorphine</i>	ADD UM: PANAME		Non Preferred PA
05/23/2024	<i>epinephrine</i>	<i>epinephrine</i>	CHANGE TIER	Non-Preferred	Preferred
05/23/2024	<i>epinephrine</i>	<i>epinephrine</i>	REMOVE UM: PANAME	Non Preferred PA	
05/23/2024	<i>epinephrine</i>	<i>epinephrine</i>	CHANGE TIER		Preferred
05/23/2024	NOVAVAX COVID 2023- 2024 (EUA)	<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>	ADD TO FORMULARY		Preferred
05/23/2024	NOVAVAX COVID 2023- 2024 (EUA)	<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

June, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
06/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
06/01/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
06/01/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
06/01/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
06/01/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
06/01/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
06/01/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
06/01/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
06/01/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
06/01/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
06/01/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
06/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
06/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
06/01/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
06/01/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
06/01/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
06/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
06/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
06/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
06/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Non-Preferred
06/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		Clinical PA
06/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
06/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: DRUGCLASS		URINARY TRACT ANTISPASMODICS
06/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: PANAME		Non Preferred PA
06/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD TO FORMULARY		Non-Preferred
06/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: DRUGCLASS		URINARY TRACT ANTISPASMODICS
06/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: PANAME		Non Preferred PA
06/04/2024	HORIZANT	<i>gabapentin enacarbil</i>	CHANGE TIER	Non-Preferred	Preferred
06/04/2024	HORIZANT	<i>gabapentin enacarbil</i>	REMOVE UM: PANAME	Non Preferred PA	
06/04/2024	HORIZANT	<i>gabapentin enacarbil</i>	REMOVE UM: QUANTITY	2 / day	
06/04/2024	HORIZANT	<i>gabapentin enacarbil</i>	CHANGE TIER	Non-Preferred	Preferred
06/04/2024	HORIZANT	<i>gabapentin enacarbil</i>	REMOVE UM: PANAME	Non Preferred PA	
06/04/2024	HORIZANT	<i>gabapentin enacarbil</i>	REMOVE UM: QUANTITY	2 / day	
06/04/2024	GRALISE	<i>gabapentin</i>	CHANGE TIER	Non-Preferred	Preferred
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: PANAME	Non Preferred PA	
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: QUANTITY	3 / day	
06/04/2024	GRALISE	<i>gabapentin</i>	CHANGE TIER	Non-Preferred	Preferred
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: PANAME	Non Preferred PA	
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: QUANTITY	3 / day	
06/04/2024	GRALISE	<i>gabapentin</i>	ADD TO FORMULARY		Preferred
06/04/2024	GRALISE	<i>gabapentin</i>	CHANGE TIER	Non-Preferred	Preferred
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: PANAME	Non Preferred PA	
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: QUANTITY	4 / day	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/04/2024	GRALISE	<i>gabapentin</i>	CHANGE TIER	Non-Preferred	Preferred
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: PANAME	Non Preferred PA	
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: QUANTITY	2 / day	
06/04/2024	GRALISE	<i>gabapentin</i>	CHANGE TIER	Non-Preferred	Preferred
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: PANAME	Non Preferred PA	
06/04/2024	GRALISE	<i>gabapentin</i>	REMOVE UM: QUANTITY	2.4 / day	
06/04/2024	SAVELLA	<i>milnacipran hcl</i>	REMOVE UM: QUANTITY	60 / 30 days	
06/07/2024	ASMANEX	<i>mometasone furoate</i>	CHANGE TIER		Preferred
06/07/2024	ASMANEX	<i>mometasone furoate</i>	CHANGE UM: QUANTITY		1 / 30 days
06/07/2024	ASMANEX	<i>mometasone furoate</i>	CHANGE UM: DRUGCLASS		INHALED GLUCOCORTIC OIDS
06/07/2024	ASMANEX	<i>mometasone furoate</i>	CHANGE TIER		Preferred
06/07/2024	ASMANEX	<i>mometasone furoate</i>	CHANGE UM: QUANTITY		1 / 30 days
06/07/2024	ASMANEX	<i>mometasone furoate</i>	CHANGE UM: DRUGCLASS		INHALED GLUCOCORTIC OIDS
06/07/2024	ASMANEX	<i>mometasone furoate</i>	ADD TO FORMULARY		Preferred
06/07/2024	ASMANEX	<i>mometasone furoate</i>	ADD UM: QUANTITY		1 / 30 days
06/07/2024	ASMANEX	<i>mometasone furoate</i>	ADD UM: DRUGCLASS		INHALED GLUCOCORTIC OIDS

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# UPHP MEDICAID FORMULARY Updates

July, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non PDL
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: AGE		At least 18 yrs old
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		Clinical PA
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non PDL
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: AGE		At least 18 yrs old
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		Clinical PA
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non PDL
07/01/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	ADD UM: AGE		At least 18 yrs old
07/01/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	ADD UM: PANAME		Clinical PA
07/01/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non PDL
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: AGE		At least 18 yrs old
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		Clinical PA
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non PDL
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: AGE		At least 18 yrs old
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		Clinical PA
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non PDL
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: AGE		At least 18 yrs old
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		Clinical PA
07/01/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: CUSTOM		Covered for CSHCS only
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: CUSTOM		Covered for CSHCS only
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: CUSTOM		Covered for CSHCS only
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: CUSTOM		Covered for CSHCS only
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: CUSTOM		Covered for CSHCS only
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: CUSTOM		Covered for CSHCS only
07/01/2024	<i>vitamin e</i>	<i>vitamin e (dl-alpha tocopheryl acetate)</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	<i>vitamin e</i>	<i>vitamin e (dl-alpha tocopheryl acetate)</i>	ADD UM: CUSTOM		Covered for CSHCS only
07/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD UM: CUSTOM		Covered for CSHCS only
07/01/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c. 1/pf</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c. 1/pf</i>	ADD UM: AGE		At least 65 yrs old

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c.1/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD UM: AGE		2 to 49 yrs old
07/01/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD TO FORMULARY		Non PDL
07/01/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD UM: AGE		At least 3 yrs old
07/01/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD TO FORMULARY		Non PDL
07/01/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD UM: AGE		At least 18 yrs old
07/01/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	FLUZONE HIGH-DOSE TRIV 2024-25	<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>	ADD TO FORMULARY		Non PDL
07/01/2024	FLUZONE HIGH-DOSE TRIV 2024-25	<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>	ADD UM: AGE		At least 65 yrs old

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	FLUZONE HIGH-DOSE TRIV 2024-25	<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
07/01/2024	<i>vitamin e</i>	<i>vitamin e (dl-alpha tocopheryl acetate)</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
07/11/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	CHANGE UM: AGE	At least 18 yrs old	At least 17 yrs old
07/11/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	CHANGE UM: AGE	At least 18 yrs old	At least 17 yrs old
07/11/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	CHANGE UM: AGE	At least 18 yrs old	At least 17 yrs old
07/11/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	CHANGE UM: AGE	At least 18 yrs old	At least 17 yrs old
07/22/2024	GVOKE PFS 1-PACK SYRINGE	<i>glucagon</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
07/22/2024	GVOKE PFS 1-PACK SYRINGE	<i>glucagon</i>	REMOVE UM: PANAME	Non Preferred PA	
07/22/2024	GVOKE PFS 1-PACK SYRINGE	<i>glucagon</i>	REMOVE UM: QUANTITY	0.2 / 30 days	
07/22/2024	GVOKE PFS 2-PACK SYRINGE	<i>glucagon</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
07/22/2024	GVOKE PFS 2-PACK SYRINGE	<i>glucagon</i>	REMOVE UM: PANAME	Non Preferred PA	
07/22/2024	GVOKE PFS 2-PACK SYRINGE	<i>glucagon</i>	REMOVE UM: QUANTITY	0.2 / 30 days	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/22/2024	FIBER, FIBER LAXATIVE, FIBER THERAPY, GERI-MUCIL, METAMUCIL, MULTIHEALTH FIBER, NATURAL DAILY FIBER, NATURAL FIBER, NATURAL FIBER LAXATIVE, NATURAL VEGETABLE FIBER, REGULOID, WAL-MUCIL	<i>psyllium husk (with sugar)</i>	REMOVE FROM FORMULARY		Non-Formulary
07/22/2024	LOPROX	<i>ciclopirox</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
07/22/2024	LOPROX	<i>ciclopirox</i>	REMOVE UM: PANAME	Non Preferred PA	
07/22/2024	ASACOL HD	<i>mesalamine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
07/22/2024	ASACOL HD	<i>mesalamine</i>	REMOVE UM: PANAME	Non Preferred PA	
07/22/2024	TRIOSTAT	<i>liothyronine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
07/22/2024	<i>fish oil, fish oil concentrate, fish oil omega-3, omega-3 fish oil</i>	<i>omega-3 fatty acids/fish oil</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
07/22/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD UM: NTKW		Less Restrictive Formulary
07/22/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD UM: CUSTOM		Covered for CSHCS
07/22/2024	<i>calcium citrate</i>	<i>calcium citrate</i>	ADD TO FORMULARY		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/22/2024	<i>calcium citrate</i>	<i>calcium citrate</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>calcium citrate</i>	<i>calcium citrate</i>	ADD UM: CUSTOM		covered for CSHCS only
07/22/2024	<i>calcium citrate</i>	<i>calcium citrate</i>	ADD TO FORMULARY		Non PDL
07/22/2024	<i>calcium citrate</i>	<i>calcium citrate</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>calcium citrate</i>	<i>calcium citrate</i>	ADD UM: CUSTOM		covered for CSHCS only
07/22/2024	<i>calcium citrate</i>	<i>calcium citrate</i>	ADD TO FORMULARY		Non PDL
07/22/2024	<i>calcium citrate</i>	<i>calcium citrate</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>calcium citrate</i>	<i>calcium citrate</i>	ADD UM: CUSTOM		covered for CSHCS only
07/22/2024	<i>magnesium</i>	<i>magnesium amino acid chelate</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
07/22/2024	<i>magnesium</i>	<i>magnesium amino acid chelate</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>magnesium</i>	<i>magnesium amino acid chelate</i>	ADD UM: CUSTOM		covered for CSHCS only
07/22/2024	<i>magnesium</i>	<i>magnesium amino acid chelate</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
07/22/2024	<i>magnesium</i>	<i>magnesium amino acid chelate</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>magnesium</i>	<i>magnesium amino acid chelate</i>	ADD UM: CUSTOM		covered for CSHCS only
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD UM: CUSTOM		covered for CSHCS only
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD UM: CUSTOM		covered for CSHCS only
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD UM: CUSTOM		covered for CSHCS only
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>vitamin e</i>	<i>vitamin e acid succinate</i>	ADD UM: CUSTOM		CSHCS only
07/22/2024	<i>vitamin e</i>	<i>vitamin e mixed</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>vitamin e</i>	<i>vitamin e mixed</i>	ADD UM: CUSTOM		CSHCS only
07/22/2024	<i>vitamin e</i>	<i>vitamin e mixed</i>	ADD UM: NTWK		Less Restrictive Formulary
07/22/2024	<i>vitamin e</i>	<i>vitamin e mixed</i>	ADD UM: CUSTOM		CSHCS only
07/22/2024	CASGEVY,LENM ELDY,LYFGENIA ,OMISIRGE,SKY SONA,ZYNTEGL O	<i>atidarsagene autotemcel,betibeglogene autotemcel,elivaldogene autotemcel,exagamglogene autotemcel,lovotibeglogene autotemcel,omidubicel-olnv</i>	REMOVE FROM FORMULARY		Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/22/2024	CASGEVY, LENM ELDY, LYFGENIA , OMISIRGE, SKY SONA, ZYNTEGL O	<i>atidarsagene</i> <i>autotemcel, betibeglogene</i> <i>autotemcel, elivaldogene</i> <i>autotemcel, exagamglogene</i> <i>autotemcel, lovotibeglogene</i> <i>autotemcel, omidubicel-only</i>	ADD UM: CUSTOM		CARVE OUT - BILL MDCH FFS
07/29/2024	SAXENDA	<i>liraglutide</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
07/29/2024	SAXENDA, WEG OVY	<i>liraglutide, semaglutide</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
07/30/2024	ASMANEX	<i>mometasone furoate</i>	ADD UM: AGE		Up to 11 yrs old

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# UPHP MEDICAID FORMULARY Updates

August, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>lindane</i>	<i>lindane</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
08/01/2024	<i>lindane</i>	<i>lindane</i>	REMOVE UM: QUANTITY	2 / day	
08/01/2024	<i>malathion</i>	<i>malathion</i>	ADD UM: AGE		At least 3 yrs old
08/01/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD TO FORMULARY		Non PDL
08/01/2024	PREVYMIS	<i>letermovir</i>	ADD TO FORMULARY		Non PDL
08/01/2024	PREVYMIS	<i>letermovir</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	PREVYMIS	<i>letermovir</i>	ADD UM: AGE		At least 18 yrs old
08/01/2024	PREVYMIS	<i>letermovir</i>	ADD UM: PANAME		Clinical PA
08/01/2024	PREVYMIS	<i>letermovir</i>	ADD TO FORMULARY		Non PDL
08/01/2024	PREVYMIS	<i>letermovir</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	PREVYMIS	<i>letermovir</i>	ADD UM: AGE		At least 18 yrs old
08/01/2024	PREVYMIS	<i>letermovir</i>	ADD UM: PANAME		Clinical PA
08/01/2024	<i>ivermectin</i>	<i>ivermectin</i>	ADD TO FORMULARY		Non PDL
08/01/2024	AGAMREE	<i>vamorolone</i>	ADD TO FORMULARY		Non PDL
08/01/2024	EOHILIA	<i>budesonide</i>	ADD TO FORMULARY		Non PDL
08/01/2024	EOHILIA	<i>budesonide</i>	ADD UM: MAXQTYPERDAY		20.0 per day
08/01/2024	EOHILIA	<i>budesonide</i>	ADD UM: AGE		At least 11 yrs old

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	EOHILIA	<i>budesonide</i>	ADD UM: PANAME		Clinical PA
08/01/2024	FABHALTA	<i>iptacopan hcl</i>	ADD UM: CUSTOM		CARVE OUT - BILL MDCH FFS
08/01/2024	FABHALTA	<i>iptacopan hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
08/01/2024	FILSUVEZ	<i>birch bark extract</i>	REMOVE FROM FORMULARY		Non-Formulary
08/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD TO FORMULARY		Non PDL
08/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: AGE		At least 18 yrs old
08/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: PANAME		Clinical PA
08/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD TO FORMULARY		Non PDL
08/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: AGE		At least 18 yrs old
08/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: PANAME		Clinical PA
08/01/2024	WAINUA	<i>eplontersen sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
08/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
08/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: CUSTOM		CARVE-OUT BILL MDCH FFS
08/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
08/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: CUSTOM		CARVE-OUT BILL MDCH FFS

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
08/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: CUSTOM		CARVE-OUT BILL MDCH FFS
08/01/2024	OXLUMO,RIVFL OZA	<i>lumasiran sodium,nedosiran sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
08/01/2024	OXLUMO,RIVFL OZA	<i>lumasiran sodium,nedosiran sodium</i>	ADD UM: CUSTOM		Carve-out: Bill MDCH FFS
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: QUANTITY		6 / 30 days
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: DRUGCLASS		INCRETIN MIMETICS
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: FI1		Maintenance Medication
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: QUANTITY		9 / 30 days
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: DRUGCLASS		INCRETIN MIMETICS
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: FI1		Maintenance Medication
08/01/2024	ZOVIRAX	<i>acyclovir</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	ZOVIRAX	<i>acyclovir</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	ZOVIRAX	<i>acyclovir</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
08/01/2024	XPHOZAH	<i>tenapanor hcl</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	XPHOZAH	<i>tenapanor hcl</i>	ADD UM: DRUGCLASS		ELECTROLYTE DEPLETERS
08/01/2024	XPHOZAH	<i>tenapanor hcl</i>	ADD UM: PANAME		Clinical PA
08/01/2024	XPHOZAH	<i>tenapanor hcl</i>	ADD UM: FI1		Maintenance Medication
08/01/2024	XPHOZAH	<i>tenapanor hcl</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	XPHOZAH	<i>tenapanor hcl</i>	ADD UM: DRUGCLASS		ELECTROLYTE DEPLETERS
08/01/2024	XPHOZAH	<i>tenapanor hcl</i>	ADD UM: PANAME		Clinical PA
08/01/2024	XPHOZAH	<i>tenapanor hcl</i>	ADD UM: FI1		Maintenance Medication
08/01/2024	VOQUEZNA TRIPLE PAK	<i>vonoprazan fumarate/amoxicillin trihydrate/clarithromycin</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	VOQUEZNA TRIPLE PAK	<i>vonoprazan fumarate/amoxicillin trihydrate/clarithromycin</i>	ADD UM: DRUGCLASS		H. PYLORI TREATMENT
08/01/2024	VOQUEZNA TRIPLE PAK	<i>vonoprazan fumarate/amoxicillin trihydrate/clarithromycin</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	VOQUEZNA DUAL PAK	<i>vonoprazan fumarate/amoxicillin trihydrate</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	VOQUEZNA DUAL PAK	<i>vonoprazan fumarate/amoxicillin trihydrate</i>	ADD UM: DRUGCLASS		H. PYLORI TREATMENT
08/01/2024	VOQUEZNA DUAL PAK	<i>vonoprazan fumarate/amoxicillin trihydrate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	VEVYE	<i>cyclosporine</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	VEVYE	<i>cyclosporine</i>	ADD UM: QUANTITY		2/30 days

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	VEVYE	<i>cyclosporine</i>	ADD UM: AGE		At least 18 yrs old
08/01/2024	VEVYE	<i>cyclosporine</i>	ADD UM: DRUGCLASS		OPHTHALMIC ANTI-INFLAMMATORY /IMMUNOMODULATOR
08/01/2024	VEVYE	<i>cyclosporine</i>	ADD UM: PANAME		Clinical PA
08/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: DRUGCLASS		GASTROINTESTINAL ANTIBIOTICS
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMICS – DPP4 INHIBITORS
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: FI1		Maintenance Medication
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMICS – DPP4 INHIBITORS
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: FI1		Maintenance Medication
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – DPP4 INHIBITORS
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: FI1		Maintenance Medication
08/01/2024	QVAR REDIHALER	<i>beclomethasone dipropionate</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	QVAR REDIHALER	<i>beclomethasone dipropionate</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	PULMICORT FLEXHALER	<i>budesonide</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	<i>acyclovir</i>	<i>acyclovir</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – DPP4 INHIBITORS
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: FI1		Maintenance Medication
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – DPP4 INHIBITORS
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – DPP4 INHIBITORS
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: FI1		Maintenance Medication
08/01/2024	PULMICORT FLEXHALER	<i>budesonide</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: AGE		At least 18 yrs old
08/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: DRUGCLASS		BIOLOGICS
08/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD UM: AGE		At least 18 yrs old
08/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD UM: DRUGCLASS		BIOLOGICS
08/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>fluticasone- salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	<i>fluticasone- salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>fluticasone- salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	<i>fluticasone-salmeterol hfa</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	FIRVANQ	<i>vancomycin hcl</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	FIRVANQ	<i>vancomycin hcl</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	FIRVANQ	<i>vancomycin hcl</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	FIRVANQ	<i>vancomycin hcl</i>	ADD UM: PANAME		Non Preferred PA

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>neomycin-polymyxin-hc</i>	<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone</i>	CHANGE TIER	Non PDL	Preferred
08/01/2024	<i>neomycin-polymyxin-hc</i>	<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone</i>	ADD UM: DRUGCLASS		OTIC QUINOLONES
08/01/2024	CABTREO	<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	CABTREO	<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>	ADD UM: DRUGCLASS		COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN
08/01/2024	CABTREO	<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	ARNUIITY ELLIPTA	<i>fluticasone furoate</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	ARNUIITY ELLIPTA	<i>fluticasone furoate</i>	CHANGE UM: DRUGCLASS	BETA ADRENERGIC AND CORTICOSTEROID INHALER COMBINATIONS	INHALED GLUCOCORTIC OIDS
08/01/2024	ARNUIITY ELLIPTA	<i>fluticasone furoate</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	ARNUIITY ELLIPTA	<i>fluticasone furoate</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE UM: QUANTITY	36 / 90 days	24 / 90 days
08/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE UM: QUANTITY	36 / 90 days	24 / 90 days
08/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE UM: QUANTITY	36 / 90 days	24 / 90 days
08/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR HFA	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE UM: QUANTITY	180 / 90 days	42 / 90 days
08/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE UM: QUANTITY	180 / 90 days	42 / 90 days

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE UM: QUANTITY	180 / 90 days	42 / 90 days
08/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	ADVAIR DISKUS	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/01/2024	<i>malathion</i>	<i>malathion</i>	CHANGE UM: AGE	At least 3 yrs old	At least 2 yrs old
08/01/2024	AGAMREE	<i>vamorolone</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	<i>acyclovir</i>	<i>acyclovir</i>	REMOVE UM: COV	Use brand over generic	
08/01/2024	<i>acyclovir</i>	<i>acyclovir</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	ARNUIITY ELLIPTA	<i>fluticasone furoate</i>	REMOVE UM: PANAME	Clinical PA	
08/01/2024	ARNUIITY ELLIPTA	<i>fluticasone furoate</i>	REMOVE UM: PANAME	Clinical PA	
08/01/2024	ARNUIITY ELLIPTA	<i>fluticasone furoate</i>	REMOVE UM: PANAME	Clinical PA	
08/01/2024	FIRVANQ	<i>vancomycin hcl</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
08/01/2024	FIRVANQ	<i>vancomycin hcl</i>	REMOVE UM: B4G	BRAND FOR GENERIC	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	PULMICORT FLEXHALER	<i>budesonide</i>	REMOVE UM: PANAME	Clinical PA	
08/01/2024	PULMICORT FLEXHALER	<i>budesonide</i>	REMOVE UM: PANAME	Clinical PA	
08/01/2024	QVAR REDIMALER	<i>beclomethasone dipropionate</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	QVAR REDIMALER	<i>beclomethasone dipropionate</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: COV	Use brand over generic	
08/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>ivermectin</i>	<i>ivermectin</i>	ADD UM: AGE		At least 0.5 yrs old
08/01/2024	<i>spinosad</i>	<i>spinosad</i>	ADD UM: AGE		At least 0.5 yrs old
08/01/2024	AMITIZA	<i>lubiprostone</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	AMITIZA	<i>lubiprostone</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
08/01/2024	AMITIZA	<i>lubiprostone</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	AMITIZA	<i>lubiprostone</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
08/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	LIALDA	<i>mesalamine</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	LIALDA	<i>mesalamine</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
08/01/2024	<i>mesalamine</i>	<i>mesalamine</i>	CHANGE TIER	Non-Preferred	Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>mesalamine</i>	<i>mesalamine</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	EMEND	<i>aprepitant</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	EMEND	<i>aprepitant</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
08/01/2024	EMEND	<i>aprepitant</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	LIALDA	<i>mesalamine</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	TOVIAZ	<i>fesoterodine fumarate</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	TOVIAZ	<i>fesoterodine fumarate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	TOVIAZ	<i>fesoterodine fumarate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
08/01/2024	TOVIAZ	<i>fesoterodine fumarate</i>	CHANGE TIER	Preferred	Non-Preferred
08/01/2024	TOVIAZ	<i>fesoterodine fumarate</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	TOVIAZ	<i>fesoterodine fumarate</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
08/01/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>aprepitant</i>	<i>aprepitant</i>	CHANGE TIER	Non-Preferred	Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>aprepitant</i>	<i>aprepitant</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>mesalamine</i>	<i>mesalamine</i>	REMOVE UM: COV	Use brand over generic	
08/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	REMOVE UM: COV	Use brand over generic	
08/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	REMOVE UM: COV	Use brand over generic	
08/01/2024	WAINUA	<i>eplontersen sodium</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	<i>aprepitant</i>	<i>aprepitant</i>	REMOVE UM: COV	Use brand over generic	
08/01/2024	<i>aprepitant</i>	<i>aprepitant</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	<i>aprepitant</i>	<i>aprepitant</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>aprepitant</i>	<i>aprepitant</i>	CHANGE TIER	Non-Preferred	Preferred
08/01/2024	<i>aprepitant</i>	<i>aprepitant</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	<i>neomycin-polymyxin-hc, neomycin-polymyxin-hydrocort</i>	<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone</i>	CHANGE TIER	Non PDL	Preferred
08/01/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD TO FORMULARY		Preferred
08/01/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: QUANTITY		4 / 28 days
08/01/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: DRUGCLASS		IMMUNOMODULATORS: ATOPIC DERMATITIS
08/01/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: PANAME		Clinical PA
08/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD UM: QUANTITY		30 / 30 days
08/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD UM: DRUGCLASS		ANTIEMETICS
08/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD UM: PANAME		Non Preferred PA
08/01/2024	<i>timolol maleate</i>	<i>timolol maleate/pf</i>	ADD TO FORMULARY		Non-Preferred
08/01/2024	<i>timolol maleate</i>	<i>timolol maleate/pf</i>	ADD UM: DRUGCLASS		GLAUCOMA – BETA BLOCKERS
08/01/2024	<i>timolol maleate</i>	<i>timolol maleate/pf</i>	ADD UM: PANAME		Non Preferred PA
08/20/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: CUSTOM		CARVE-OUT BILL MDCH FFS
08/20/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
08/20/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: CUSTOM		CARVE-OUT BILL MDCH FFS
08/20/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
08/20/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: CUSTOM		CARVE-OUT BILL MDCH FFS
08/20/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
08/20/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: CUSTOM		CARVE-OUT BILL MDCH FFS
08/20/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
08/20/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD TO FORMULARY		Non PDL
08/20/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
08/20/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD TO FORMULARY		Non PDL
08/20/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
08/27/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: B4G		BRAND FOR GENERIC
08/29/2024	THALOMID	<i>thalidomide</i>	REMOVE UM: PANAME	Clinical PA	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/29/2024	THALOMID	<i>thalidomide</i>	REMOVE UM: PANAME	Clinical PA	
08/29/2024	THALOMID	<i>thalidomide</i>	REMOVE UM: PANAME	Clinical PA	
08/29/2024	THALOMID	<i>thalidomide</i>	REMOVE UM: PANAME	Clinical PA	
08/29/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
08/29/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: CUSTOM		Covered for CSHCS only
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: CUSTOM		Covered for CSHCS only
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: CUSTOM		Covered for CSHCS only
08/29/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
08/29/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE UM: CUSTOM	Covered for CSHCS only	
08/29/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
08/29/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE UM: CUSTOM	Covered for CSHCS only	
08/29/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
08/29/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE UM: CUSTOM	Covered for CSHCS only	
08/29/2024	<i>durex tropical</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>durex tropical</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>durex tropical</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>durex avanti bare real feel</i>	<i>condoms, non-latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>durex avanti bare real feel</i>	<i>condoms, non-latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/29/2024	<i>durex avanti bare real feel</i>	<i>condoms, non-latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>trustex-ria</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>trustex-ria</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>trustex-ria</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>kimono</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>kimono</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>kimono</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>trojan magnum</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>trojan magnum</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>trojan magnum</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>trojan enz</i>	<i>condoms, latex, non-lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>trojan enz</i>	<i>condoms, latex, non-lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>trojan enz</i>	<i>condoms, latex, non-lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>trojan ultra thin</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>trojan ultra thin</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>trojan ultra thin</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>trojan ultra thin-spermicidal</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>trojan ultra thin-spermicidal</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/29/2024	<i>trojan ultra thin-spermicidal</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>durex air</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>durex air</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>durex air</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Non PDL
08/29/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD UM: QUANTITY		36 / 30 days
08/29/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD UM: NTWK		Less Restrictive Formulary
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate,monobasic-dibasic</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate,monobasic-dibasic</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
08/29/2024	<i>sodium phosphate</i>	<i>sodium phosphate,monobasic-dibasic</i>	ADD TO FORMULARY	Non-Formulary	Non PDL

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# UPHP MEDICAID FORMULARY Updates

September, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	IMITREX	<i>sumatriptan</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
09/01/2024	IMITREX	<i>sumatriptan</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
09/01/2024	<i>sumatriptan</i>	<i>sumatriptan</i>	CHANGE TIER	Non-Preferred	Preferred
09/01/2024	<i>sumatriptan</i>	<i>sumatriptan</i>	REMOVE UM: COV	Use brand over generic	
09/01/2024	<i>sumatriptan</i>	<i>sumatriptan</i>	REMOVE UM: PANAME	Non Preferred PA	
09/01/2024	<i>sumatriptan</i>	<i>sumatriptan</i>	CHANGE TIER	Non-Preferred	Preferred
09/01/2024	<i>sumatriptan</i>	<i>sumatriptan</i>	REMOVE UM: COV	Use brand over generic	
09/01/2024	<i>sumatriptan</i>	<i>sumatriptan</i>	REMOVE UM: PANAME	Non Preferred PA	
09/01/2024	ZORYVE	<i>roflumilast</i>	ADD TO FORMULARY		Non PDL
09/01/2024	ZORYVE	<i>roflumilast</i>	ADD UM: AGE		At least 6 yrs old
09/01/2024	ZORYVE	<i>roflumilast</i>	ADD UM: PANAME		Clinical PA
09/01/2024	ZORYVE	<i>roflumilast</i>	ADD UM: CUSTOM		See PA criteria for QL
09/01/2024	ZORYVE	<i>roflumilast</i>	CHANGE UM: AGE	At least 12 yrs old	At least 6 yrs old
09/01/2024	ZORYVE	<i>roflumilast</i>	ADD UM: CUSTOM		See PA criteria for QL
09/01/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
09/01/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
09/01/2024	TANLOR	<i>methocarbamol</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	TANLOR	<i>methocarbamol</i>	ADD UM: DRUGCLASS		SKELETAL MUSCLE RELAXANTS
09/01/2024	TANLOR	<i>methocarbamol</i>	ADD UM: PANAME		Non Preferred PA
09/01/2024	ENDARI	<i>glutamine</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
09/01/2024	ENDARI	<i>glutamine</i>	REMOVE UM: PANAME	Clinical PA	
09/01/2024	ENDARI	<i>glutamine</i>	REMOVE UM: AGE	At least 5 yrs old	
09/01/2024	ENDARI	<i>glutamine</i>	REMOVE UM: QUANTITY	180 / 30 days	
09/01/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD TO FORMULARY		Non PDL
09/01/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD UM: QUANTITY		180 / 30 days
09/01/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD UM: AGE		At least 5 yrs old
09/01/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD UM: PANAME		Clinical PA
09/01/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD UM: CUSTOM		180 packets per 30 days
09/01/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Non-Preferred
09/01/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
09/01/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: DRUGCLASS		ANTICOAGULANTS
09/01/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PANAME		Non Preferred PA
09/01/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Maintenance Medication

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	LUCEMYRA	<i>lofexidine hcl</i>	ADD UM: DRUGCLASS		OPIOID WITHDRAWAL SYMPTOM MANAGEMENT – ALPHA-2 ADRENERGIC AGONISTS
09/01/2024	<i>lofexidine hcl</i>	<i>lofexidine hcl</i>	ADD TO FORMULARY		Preferred
09/01/2024	<i>lofexidine hcl</i>	<i>lofexidine hcl</i>	ADD UM: DRUGCLASS		OPIOID WITHDRAWAL SYMPTOM MANAGEMENT – ALPHA-2 ADRENERGIC AGONISTS
09/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE UM: SPECIALTY	Specialty Drug	
09/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
09/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE UM: SPECIALTY	Specialty Drug	
09/01/2024	PAXLOVID,PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: SPECIALTY	Specialty Drug	
09/01/2024	PAXLOVID,PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: SPECIALTY	Specialty Drug	
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD TO FORMULARY		Non-Preferred
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: DRUGCLASS		BIOLOGICS
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		Clinical PA

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: CUSTOM		Age edits MIN_AGE varies in accordance with PA criteria - Refer to the PA criteria for Dx that have varying ages
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
09/01/2024	<i>sodium chloride</i>	<i>sodium chloride for inhalation</i>	ADD UM: NTWK		Less Restrictive Formulary
09/01/2024	<i>magnesium oxide</i>	<i>magnesium oxide</i>	ADD UM: NTWK		Less Restrictive Formulary
09/01/2024	<i>magnesium oxide</i>	<i>magnesium oxide</i>	ADD UM: CUSTOM		Covered for CSHCS only
09/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD UM: NTWK		Less Restrictive Formulary
09/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD UM: CUSTOM		Covered for CSHCS only
09/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
09/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD UM: NTWK		Less Restrictive Formulary
09/01/2024	<i>vitamin e</i>	<i>vitamin e (dl-alpha tocopheryl acetate)</i>	ADD UM: NTWK		Less Restrictive Formulary
09/01/2024	<i>vitamin e</i>	<i>vitamin e (dl-alpha tocopheryl acetate)</i>	ADD UM: CUSTOM		Covered for CSHCS only
09/01/2024	<i>sodium chloride</i>	<i>sodium chloride for inhalation</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
09/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD TO FORMULARY	Non-Formulary	Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	<i>vitamin e</i>	<i>vitamin e (dl-alpha tocopheryl acetate)</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
09/03/2024	MODERNA COVID 24-25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD TO FORMULARY		Non PDL
09/03/2024	MODERNA COVID 24-25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
09/03/2024	SPIKEVAX 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD TO FORMULARY		Non PDL
09/03/2024	SPIKEVAX 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
09/03/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD TO FORMULARY		Non PDL
09/03/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
09/03/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD TO FORMULARY		Non PDL
09/03/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
09/03/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD TO FORMULARY		Non PDL
09/03/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/03/2024	ASTRAZENECA COVID19 VAC(UNAPP), CO MIRNATY, COMI RNATY 2023-2024, COMIRNAT Y 2024-2025, JANSSEN COVID-19 VACCINE (EUA), MODERNA COVID (12Y UP)VAC(EUA), MODERNA COVID 23-24(6M-11Y)EUA, MODERNA COVID 24-25(6M-11Y)EUA, MODERNA COVID BIV BOOSTR(UNAP), MODERNA COVID BIVAL(6MO UP)EUA, MODERNA COVID BIVAL(6MO-5Y)EUA, MODERNA COVID(6-11Y) VAC(EUA), MODERNA COVID(6M-5Y) VACC(EUA), MODERNA COVID-19 BOOSTER (EUA), NOVAVAX COVID 2023-2024	<i>covid vac 2023-2024 (5-11 years) xbb. 1.5 (raxtozinameran)/pf,covid vac 2023-24 (12 yr and up) xbb. 1.5 (raxtozinameran)/pf,covid vac 2023-24 (6 mos-4 yrs) xbb. 1.5 (raxtozinameran)/pf,covid vacc 2023-24 (12 yrs and up) xbb. 1.5 (andusomeran)/pf,covid vacc 2023-24 xbb. 1.5, recomb/adjuvant-matrix/pf,covid vacc 2024-2025 (5-11 years) (pfizer)/pf,covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf,covid vaccine 2023-24 (6 mo-11 yrs) xbb. 1.5 (andusomeran)/pf,covid vaccine 2024-2025 (12 yrs up) (moderna)/pf,covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf,covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf,covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf,covid-19 vac mrna, tris(pfizer)/pf,covid-19 vac, ad26.cov2.s (janssen)/pf,covid-19 vaccine mrna, original, omicron ba.4/5(moderna)/pf,covid-19 vaccine</i>	CHANGE TIER		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	(EUA),NOVAVAX COVID 2024- 2025 (EUA),NOVAVAX COVID-19 VACC,ADJ(EUA), PFIZER COVID (12Y UP) VAC(EUA),PFIZE R COVID (5-11Y) VAC (EUA),PFIZER COVID (6M-4Y) VACC(EUA),PFIZ ER COVID 2023- 24(5- 11Y)EUA,PFIZE R COVID 2023- 24(6M- 4Y)EUA,PFIZER COVID 2024- 25(5- 11Y)EUA,PFIZE R COVID 2024- 25(6M- 4Y)EUA,PFIZER COVID BIVAL (12Y UP)EUA,PFIZER COVID BIVAL (5- 11YR)EUA,PFIZ ER COVID BIVAL (6MO- 4Y)EUA,PFIZER COVID-19 VACCINE (EUA),SANOFI COVID BOOSTER-AG	<i>mrna,original,omicron ba.4/5(pfizer)/pf,covid-19 vaccine, azd-1222 (astrazeneca)/pf,covid-19 vaccine, bivalent, mrna/preservative free,covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf,covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf,covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf,covid- 19 vaccine, recombinant (novavax)/adjuvant- matrix/pf,covid-19 vaccine, recombinant antigen (sanofi)/pf</i>			

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	COMPNT, SPIKE VAX 2023- 2024, SPIKEVAX 2024- 2025, SPIKEVAX COVID (18Y UP) VACC				

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/03/2024	ASTRAZENECA COVID19 VAC(UNAPP), CO MIRNATY, COMI RNATY 2023-2024, COMIRNAT Y 2024-2025, JANSSEN COVID-19 VACCINE (EUA), MODERNA COVID (12Y UP)VAC(EUA), MODERNA COVID 23-24(6M-11Y)EUA, MODERNA COVID 24-25(6M-11Y)EUA, MODERNA COVID BIV BOOSTR(UNAP), MODERNA COVID BIVAL(6MO UP)EUA, MODERNA COVID BIVAL(6MO-5Y)EUA, MODERNA COVID(6-11Y) VAC(EUA), MODERNA COVID(6M-5Y) VACC(EUA), MODERNA COVID-19 BOOSTER (EUA), NOVAVAX COVID 2023-2024	<i>covid vac 2023-2024 (5-11 years) xbb. 1.5 (raxtozinameran)/pf,covid vac 2023-24 (12 yr and up) xbb. 1.5 (raxtozinameran)/pf,covid vac 2023-24 (6 mos-4 yrs) xbb. 1.5 (raxtozinameran)/pf,covid vacc 2023-24 (12 yrs and up) xbb. 1.5 (andusomeran)/pf,covid vacc 2023-24 xbb. 1.5, recomb/adjuvant-matrix/pf,covid vacc 2024-2025 (5-11 years) (pfizer)/pf,covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf,covid vaccine 2023-24 (6 mo-11 yrs) xbb. 1.5 (andusomeran)/pf,covid vaccine 2024-2025 (12 yrs up) (moderna)/pf,covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf,covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf,covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf,covid-19 vac mrna, tris(pfizer)/pf,covid-19 vac, ad26.cov2.s (janssen)/pf,covid-19 vaccine mrna, original, omicron ba.4/5(moderna)/pf,covid-19 vaccine</i>	CHANGE UM: NTWK		Less Restrictive Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	(EUA),NOVAVAX COVID 2024- 2025 (EUA),NOVAVAX COVID-19 VACC,ADJ(EUA), PFIZER COVID (12Y UP) VAC(EUA),PFIZE R COVID (5-11Y) VAC (EUA),PFIZER COVID (6M-4Y) VACC(EUA),PFIZ ER COVID 2023- 24(5- 11Y)EUA,PFIZE R COVID 2023- 24(6M- 4Y)EUA,PFIZER COVID 2024- 25(5- 11Y)EUA,PFIZE R COVID 2024- 25(6M- 4Y)EUA,PFIZER COVID BIVAL (12Y UP)EUA,PFIZER COVID BIVAL (5- 11YR)EUA,PFIZ ER COVID BIVAL (6MO- 4Y)EUA,PFIZER COVID-19 VACCINE (EUA),SANOFI COVID BOOSTER-AG	<i>mrna,original,omicron ba.4/5(pfizer)/pf,covid-19 vaccine, azd-1222 (astrazeneca)/pf,covid-19 vaccine, bivalent, mrna/preservative free,covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf,covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf,covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf,covid- 19 vaccine, recombinant (novavax)/adjuvant- matrix/pf,covid-19 vaccine, recombinant antigen (sanofi)/pf</i>			

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	COMPNT, SPIKE VAX 2023-2024, SPIKEVAX 2024-2025, SPIKEVAX COVID (18Y UP) VACC				
09/09/2024	NOVAVAX COVID 2024-2025 (EUA)	<i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>	ADD TO FORMULARY		Preferred
09/09/2024	NOVAVAX COVID 2024-2025 (EUA)	<i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
09/10/2024	PROCTOCORT	<i>hydrocortisone</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/10/2024	PROCTOCORT	<i>hydrocortisone</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	CLODERM	<i>clocortolone pivalate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	CLODERM	<i>clocortolone pivalate</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	CLODERM	<i>clocortolone pivalate</i>	REMOVE UM: DRUGCLASS	TOPICAL STEROIDS – MEDIUM POTENCY	
09/11/2024	IMPEKLO	<i>clobetasol propionate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	IMPEKLO	<i>clobetasol propionate</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	IMPEKLO	<i>clobetasol propionate</i>	REMOVE UM: DRUGCLASS	TOPICAL STEROIDS – VERY HIGH POTENCY	
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	SORINE	<i>sotalol hcl</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - DOPAMINE AGONISTS	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - DOPAMINE AGONISTS	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - DOPAMINE AGONISTS	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - DOPAMINE AGONISTS	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: PANAME	Non Preferred PA	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - DOPAMINE AGONISTS	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - DOPAMINE AGONISTS	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	MIRAPEX ER	<i>pramipexole di-hcl</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - DOPAMINE AGONISTS	
09/11/2024	AYGESTIN	<i>norethindrone acetate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	AYGESTIN	<i>norethindrone acetate</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	AYGESTIN	<i>norethindrone acetate</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	AYGESTIN	<i>norethindrone acetate</i>	REMOVE UM: DRUGCLASS	PROGESTATIONAL AGENTS	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMI CS – 2ND GENERATION SULFONYLURE AS	
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE UM: F11	Maintenance Medication	
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMI CS – 2ND GENERATION SULFONYLURE AS	
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE UM: PANAME	Non Preferred PA	
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE UM: F11	Maintenance Medication	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/11/2024	AMARYL	<i>glimepiride</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMI CS – 2ND GENERATION SULFONYLURE AS	
09/30/2024	EVUSHELD (EUA)	<i>tixagevimab/cilgavimab</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

October, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	PALFORZIA	<i>peanut allergen powder-dnfp</i>	CHANGE UM: AGE	4 to 17 yrs old	1 to 17 yrs old
10/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	AREXVY	<i>respiratory syncytial virus vacc. antigen/as01e adjuvant/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	AREXVY ANTIGEN COMPONENT	<i>respiratory syncytial virus vaccine, antigen 2 of 2</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	AREXVY ADJUVANT COMPONENT	<i>vaccine adjuvant system, as01e/pf, component vial 1 of 2</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	ABRYSVO	<i>respiratory syncytial virus vaccine, pref a and b/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	AREXVY ANTIGEN COMPONENT	<i>respiratory syncytial virus vaccine, antigen 2 of 2</i>	ADD UM: QUANTITY		1 per lifetime
10/01/2024	AREXVY ADJUVANT COMPONENT	<i>vaccine adjuvant system, as01e/pf, component vial 1 of 2</i>	ADD UM: QUANTITY		1 per lifetime
10/01/2024	<i>covid-19 at-home test (eua)</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>covid-19 at-home test (eua)</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>inteliswab covid- 19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>inteliswab covid- 19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>ohc covid-19 antigen home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>fastep covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>binaxnow covid- 19 ag self test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>binaxnow covid- 19 ag self test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sofia sars antigen fia</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
10/01/2024	<i>quickvue sars antigen</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
10/01/2024	<i>quickvue at-home covid-19 test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>quickvue at-home covid-19 test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
10/01/2024	<i>clinitest covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>clinitest covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
10/01/2024	<i>cordx covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
10/01/2024	<i>rapid sars-cov-2 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
10/01/2024	<i>ihealth covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>ihealth covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
10/01/2024	<i>ellume covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>ellume covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
10/01/2024	<i>on-go covid-19 ag at home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>on-go covid-19 ag at home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
10/01/2024	<i>indicaid covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>indicaid covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>speedyswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>flowflex covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>flowflex covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>covid19 test adm by pharmacist</i>	<i>covid-19 test administered by pharmacist</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>id now covid-19 test kit (eua)</i>	<i>covid-19 molecular nucleic acid test assay</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>cue covid-19 home test (eua)</i>	<i>covid-19 molecular nucleic acid test assay</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>cue covid-19 home test (eua)</i>	<i>covid-19 molecular nucleic acid test assay</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>bd veritor at-home covid19 tst</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>bd veritor at-home covid19 tst</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>binaxnow covid-19 ag card</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>covid19 specimen collect ncpdp</i>	<i>covid-19 test specimen collection</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>everlywell covid19 hom collect</i>	<i>covid-19 test specimen collection</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>everlywell covid19 hom collect</i>	<i>covid-19 test specimen collection</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	ESTARYLLA	<i>norgestimate-ethinyl estradiol</i>	ADD UM: QUANTITY		365 days / claim
10/01/2024	ALIMTA	<i>pemetrexed disodium</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ALIMTA	<i>pemetrexed disodium</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	CYRAMZA	<i>ramucirumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	PORTRAZZA	<i>necitumumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ORENCIA	<i>abatacept/maltose</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	EMPLICITI	<i>elotuzumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	EMPLICITI	<i>elotuzumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	YERVOY	<i>ipilimumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	YERVOY	<i>ipilimumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	OPDIVO	<i>nivolumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	OPDIVO	<i>nivolumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	OPDIVO	<i>nivolumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	KEYTRUDA	<i>pembrolizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	RENFLXIS	<i>infliximab-abda</i>	REMOVE UM: CUSTOM		
10/01/2024	BOTOX	<i>onabotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BOTOX COSMETIC	<i>onabotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BOTOX	<i>onabotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BOTOX COSMETIC	<i>onabotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	JEVTANA	<i>cabazitaxel</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ZALTRAP	<i>ziv-aflibercept</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ZALTRAP	<i>ziv-aflibercept</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	RUXIENCE	<i>rituximab-pvvr</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	INFLECTRA	<i>infliximab-dyyb</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ARZERRA	<i>ofatumumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ARZERRA	<i>ofatumumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	NUCALA	<i>mepolizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	DYSPORE	<i>abobotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	DYSPORE	<i>abobotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	FASENRA	<i>benralizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	IMFINZI	<i>durvalumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA HY COMPONENT	<i>hyaluronidase, human recombinant</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA HY COMPONENT	<i>hyaluronidase, human recombinant</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA IG COMPONENT	<i>immune globulin, gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA IG COMPONENT	<i>immune globulin, gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA IG COMPONENT	<i>immune globulin, gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA	<i>immune globulin, gamma(igg) human/hyaluronidase, human recomb</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA HY COMPONENT	<i>hyaluronidase, human recombinant</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA HY COMPONENT	<i>hyaluronidase, human recombinant</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA HY COMPONENT	<i>hyaluronidase, human recombinant</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA IG COMPONENT	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYQVIA IG COMPONENT	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	MYOBLOC	<i>rimabotulinumtoxinb</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	MYOBLOC	<i>rimabotulinumtoxinb</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	MYOBLOC	<i>rimabotulinumtoxinb</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ONIVYDE	<i>irinotecan liposomal</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	PROVENGE	<i>sipuleucel-t/lactated ringers solution</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	PRIVIGEN	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BENLYSTA	<i>belimumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BENLYSTA	<i>belimumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BENLYSTA	<i>belimumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	BENLYSTA	<i>belimumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GEL-ONE	<i>hyaluronate sod, cross-linked</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	XOLAIR	<i>omalizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	RITUXAN HYCELA	<i>rituximab/hyaluronidase, human recombinant</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	RITUXAN HYCELA	<i>rituximab/hyaluronidase, human recombinant</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	RITUXAN	<i>rituximab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAZYVA	<i>obinutuzumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HERCEPTIN	<i>trastuzumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HERCEPTIN HYLECTA	<i>trastuzumab-hyaluronidase-oysk</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	KADCYLA	<i>ado-trastuzumab emtansine</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	KADCYLA	<i>ado-trastuzumab emtansine</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	OCREVUS	<i>ocrelizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	TECENTRIQ	<i>atezolizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	TECENTRIQ	<i>atezolizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GENVISC 850	<i>hyaluronate sodium</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	ADCETRIS	<i>brentuximab vedotin</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BLINCYTO	<i>blinatumomab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	NPLATE	<i>romiplostim</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	NPLATE	<i>romiplostim</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	PROLIA	<i>denosumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	XGEVA	<i>denosumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	EUFLEXXA	<i>hyaluronate sodium</i>	REMOVE UM: CUSTOM		
10/01/2024	DARZALEX	<i>daratumumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	DARZALEX FASPRO	<i>daratumumab-hyaluronidase-fihj</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	SYNVISC	<i>hylan g-f 20</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	SYNVISC-ONE	<i>hylan g-f 20</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	LEMTRADA	<i>alemtuzumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	CINQAIR	<i>reslizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ORTHOVISC	<i>hyaluronate sodium</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	YONDELIS	<i>trabectedin</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	MONOVISC	<i>hyaluronate sodium, stabilized</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	FLEBOGAMMA DIF	<i>immune globulin, gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	FLEBOGAMMA DIF	<i>immune globulin, gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HALAVEN	<i>eribulin mesylate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ELIGARD	<i>leuprolide acetate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ELIGARD	<i>leuprolide acetate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ELIGARD	<i>leuprolide acetate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ELIGARD	<i>leuprolide acetate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	TRUXIMA	<i>rituximab-abbs</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	SYNRIBO	<i>omacetaxine mepesuccinate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BENDEKA	<i>bendamustine hcl</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	TREANDA	<i>bendamustine hcl</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	TREANDA	<i>bendamustine hcl</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMMAPLEX	<i>immune globulin, gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	GAMMAPLEX	<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	TYSABRI	<i>natalizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	VYEPTI	<i>eptinezumab-jjmr</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ABRAXANE	<i>paclitaxel protein-bound</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ZOLADEX	<i>goserelin acetate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	ZOLADEX	<i>goserelin acetate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	BELEODAQ	<i>belinostat</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	SYLVANT	<i>siltuximab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	SYLVANT	<i>siltuximab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	TRELSTAR	<i>triptorelin pamoate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	TRELSTAR	<i>triptorelin pamoate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	TRELSTAR	<i>triptorelin pamoate</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	KRYSTEXXA	<i>pegloticase</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	

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

# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYMOVIS	<i>hyaluronate sodium, modified, non-crosslinked</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYALGAN	<i>hyaluronate sodium</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	HYALGAN	<i>hyaluronate sodium</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	GELSYN-3	<i>hyaluronate sodium</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	SUPARTZ FX	<i>hyaluronate sodium</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	<i>accu-chek aviva plus</i>	<i>blood sugar diagnostic</i>	ADD TO FORMULARY		Non PDL
10/01/2024	<i>accu-chek smartview</i>	<i>blood sugar diagnostic</i>	ADD TO FORMULARY		Non PDL
10/01/2024	<i>accu-chek guide test strip</i>	<i>blood sugar diagnostic</i>	ADD TO FORMULARY		Non PDL
10/01/2024	<i>accutrend glucose</i>	<i>blood sugar diagnostic</i>	ADD TO FORMULARY		Non PDL

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT-SOL	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	TIROSINT	<i>levothyroxine sodium</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/01/2024	DOLOBID	<i>diflunisal</i>	ADD TO FORMULARY		Non-Preferred
10/01/2024	DOLOBID	<i>diflunisal</i>	ADD UM: DRUGCLASS		NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)
10/01/2024	DOLOBID	<i>diflunisal</i>	ADD UM: PANAME		Non Preferred PA
10/01/2024	<i>ergocalciferol</i>	<i>ergocalciferol (vitamin d2)</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>ergocalciferol</i>	<i>ergocalciferol (vitamin d2)</i>	REMOVE UM: CUSTOM	Covered for CSHCS only	
10/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE UM: CUSTOM	Covered for CSHCS only	
10/01/2024	MAXSLEEP JUNIOR	<i>melatonin</i>	ADD TO FORMULARY		Non PDL
10/01/2024	MAXSLEEP JUNIOR	<i>melatonin</i>	ADD UM: NTWK		Less Restrictive Formulary
10/01/2024	MAXSLEEP JUNIOR	<i>melatonin</i>	ADD UM: CUSTOM		Covered for CSHCS only
10/01/2024	CULTURELLE	<i>lactobacillus rhamnosus gg</i>	ADD TO FORMULARY		Non PDL
10/01/2024	CULTURELLE	<i>lactobacillus rhamnosus gg</i>	ADD UM: NTWK		Less Restrictive Formulary
10/01/2024	CULTURELLE	<i>lactobacillus rhamnosus gg</i>	ADD UM: CUSTOM		Covered for CSHCS only
10/01/2024	PREVYMIS	<i>letermovir</i>	REMOVE UM: PANAME	Clinical PA	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	PREVYMIS	<i>letermovir</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	PREVYMIS	<i>letermovir</i>	REMOVE UM: AGE	At least 18 yrs old	
10/01/2024	PREVYMIS	<i>letermovir</i>	REMOVE UM: PANAME	Clinical PA	
10/01/2024	PREVYMIS	<i>letermovir</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	PREVYMIS	<i>letermovir</i>	REMOVE UM: AGE	At least 18 yrs old	
10/01/2024	LIVTENCITY	<i>maribavir</i>	REMOVE UM: PANAME	Clinical PA	
10/01/2024	LIVTENCITY	<i>maribavir</i>	ADD UM: SPECIALTY		Specialty Drug
10/04/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: CUSTOM		Carve-Out – Bill MDCH FFS
10/04/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: CUSTOM		Carve-Out – Bill MDCH FFS
10/04/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: CUSTOM		Carve-Out – Bill MDCH FFS
10/04/2024	COBENFY STARTER PACK	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: CUSTOM		Carve-Out – Bill MDCH FFS
10/18/2024	SLO-NIACIN	<i>niacin</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
10/18/2024	SLO-NIACIN	<i>niacin</i>	ADD UM: DRUGCLASS		LIPOTROPICS: NIACIN DERIVATIVES
10/18/2024	SLO-NIACIN	<i>niacin</i>	ADD UM: PANAME		Non Preferred PA
10/18/2024	BINOSTO	<i>alendronate sodium</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
10/18/2024	BINOSTO	<i>alendronate sodium</i>	ADD UM: DRUGCLASS		OSTEOPOROSIS AGENTS: BISPHOSPHONATES

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	BINOSTO	<i>alendronate sodium</i>	ADD UM: PANAME		Non Preferred PA
10/18/2024	<i>miconazole nitrate</i>	<i>miconazole nitrate</i>	ADD TO FORMULARY		Preferred
10/18/2024	<i>miconazole nitrate</i>	<i>miconazole nitrate</i>	ADD UM: DRUGCLASS		ANTIFUNGALS, TOPICAL
10/18/2024	ZOMIG	<i>zolmitriptan</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	HUMALOG MIX 50-50	<i>insulin lispro protamine and insulin lispro</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/18/2024	PROVENTIL HFA	<i>albuterol sulfate</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/18/2024	PROTOPIC	<i>tacrolimus</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	PROTOPIC	<i>tacrolimus</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ZYMAXID	<i>gatifloxacin</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ZYMAXID	<i>gatifloxacin</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	KERYDIN	<i>tavaborole</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	KERYDIN	<i>tavaborole</i>	REMOVE UM: PANAME	Clinical PA	
10/18/2024	<i>tavaborole</i>	<i>tavaborole</i>	ADD UM: AGE		At least 6 yrs old
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE UM: PANAME	Clinical PA	
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE UM: PANAME	Clinical PA	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE UM: PANAME	Clinical PA	
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE UM: PANAME	Clinical PA	
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE UM: PANAME	Clinical PA	
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ACTIQ	<i>fentanyl citrate</i>	REMOVE UM: PANAME	Clinical PA	
10/18/2024	EXTAVIA	<i>interferon beta-1b</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	EXTAVIA	<i>interferon beta-1b</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	EXTAVIA	<i>interferon beta-1b</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	EXTAVIA	<i>interferon beta-1b</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	ZOVIRAX	<i>acyclovir</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ZOVIRAX	<i>acyclovir</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	SITAVIG	<i>acyclovir</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	SITAVIG	<i>acyclovir</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	DACOGEN	<i>decitabine</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/18/2024	LEUKERAN	<i>chlorambucil</i>	REMOVE FROM FORMULARY		Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	MYLERAN	<i>busulfan</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	ALKERAN	<i>melphalan</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/18/2024	<i>melphalan</i>	<i>melphalan</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/18/2024	PARLODEL	<i>bromocriptine mesylate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	PARLODEL	<i>bromocriptine mesylate</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	DIFLUCAN	<i>fluconazole</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	DIFLUCAN	<i>fluconazole</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	ENTADFI	<i>finasteride/tadalafil</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ENTADFI	<i>finasteride/tadalafil</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	OSMOLEX ER	<i>amantadine hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	OSMOLEX ER	<i>amantadine hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	LICART	<i>diclofenac epolamine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	LICART	<i>diclofenac epolamine</i>	REMOVE UM: PANAME	Clinical PA	
10/18/2024	FLECTOR	<i>diclofenac epolamine</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	FLECTOR	<i>diclofenac epolamine</i>	REMOVE UM: PANAME		
10/18/2024	VASCEPA	<i>icosapent ethyl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	VASCEPA	<i>icosapent ethyl</i>	REMOVE UM: PANAME	Clinical PA	
10/18/2024	VASCEPA	<i>icosapent ethyl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	VASCEPA	<i>icosapent ethyl</i>	REMOVE UM: PANAME	Clinical PA	
10/18/2024	LEXETTE	<i>halobetasol propionate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	LEXETTE	<i>halobetasol propionate</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	CIPRODEX	<i>ciprofloxacin hcl/dexamethasone</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/18/2024	ZIAC	<i>bisoprolol fumarate/hydrochlorothiazide</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ZIAC	<i>bisoprolol fumarate/hydrochlorothiazide</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	ZIAC	<i>bisoprolol fumarate/hydrochlorothiazide</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ZIAC	<i>bisoprolol fumarate/hydrochlorothiazide</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	ZIAC	<i>bisoprolol fumarate/hydrochlorothiazide</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
10/18/2024	ZIAC	<i>bisoprolol fumarate/hydrochlorothiazide</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
10/18/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	REMOVE UM: PANAME	Non Preferred PA	
10/18/2024	ZOMIG	<i>zolmitriptan</i>	REMOVE UM: PANAME	Non Preferred PA	
10/23/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	REMOVE UM: PANAME	Non Preferred PA	

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# UPHP MEDICAID FORMULARY Updates

November, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	ACTEMRA	<i>tocilizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
11/01/2024	ACTEMRA	<i>tocilizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
11/01/2024	ACTEMRA	<i>tocilizumab</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
11/01/2024	ACTEMRA	<i>tocilizumab</i>	ADD UM: CUSTOM		Age edits MIN_AGE varies in accordance with PA criteria - Refer to the PA criteria for Dx that have varying ages
11/01/2024	XELJANZ	<i>tofacitinib citrate</i>	ADD UM: CUSTOM		Age edits MIN_AGE varies in accordance with PA criteria - Refer to the PA criteria for Dx that have varying ages
11/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: CUSTOM		QL edits vary in accordance with PA criteria - Refer to the PA criteria for Dx that have varying QLs

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: CUSTOM		QL edits vary in accordance with PA criteria - Refer to the PA criteria for Dx that have varying QLs
11/01/2024	<i>tacrolimus</i>	<i>tacrolimus</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	<i>tacrolimus</i>	<i>tacrolimus</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	FORTEO	<i>teriparatide</i>	ADD UM: CUSTOM		QL edit is for duration - from PA criteria •Length of authorization: maximum cumulative duration of 2 years per lifetime, unless clinical documentation is provided showing patient remains at or has returned to having a high risk for fracture
11/01/2024	GLUCAGON EMERGENCY KIT	<i>glucagon</i>	CHANGE TIER		Non-Preferred
11/01/2024	GLUCAGON EMERGENCY KIT	<i>glucagon</i>	ADD UM: DRUGCLASS		GLUCAGON AGENTS
11/01/2024	GLUCAGON EMERGENCY KIT	<i>glucagon</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	INVOKAMET	<i>canagliflozin/metformin hcl</i>	CHANGE TIER	Preferred	Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	INVOKAMET	<i>canagliflozin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	INVOKAMET	<i>canagliflozin/metformin hcl</i>	CHANGE TIER	Preferred	Non-Preferred
11/01/2024	INVOKAMET	<i>canagliflozin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	INVOKAMET	<i>canagliflozin/metformin hcl</i>	CHANGE TIER	Preferred	Non-Preferred
11/01/2024	INVOKAMET	<i>canagliflozin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	INVOKANA	<i>canagliflozin</i>	CHANGE TIER	Preferred	Non-Preferred
11/01/2024	INVOKANA	<i>canagliflozin</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	INVOKANA	<i>canagliflozin</i>	CHANGE TIER	Preferred	Non-Preferred
11/01/2024	INVOKANA	<i>canagliflozin</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	PENTASA	<i>mesalamine</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	PENTASA	<i>mesalamine</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	PENTASA	<i>mesalamine</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	PENTASA	<i>mesalamine</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	PENTASA	<i>mesalamine</i>	ADD UM: B4G		BRAND FOR GENERIC
11/01/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/01/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/01/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	LINZESS	<i>linaclotide</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/01/2024	LINZESS	<i>linaclotide</i>	ADD UM: AGE		At least 6 yrs old

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	LINZESS	<i>linaclotide</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/01/2024	LINZESS	<i>linaclotide</i>	ADD UM: AGE		At least 6 yrs old
11/01/2024	PROTONIX	<i>pantoprazole sodium</i>	CHANGE TIER	Preferred	Non-Preferred
11/01/2024	PROTONIX	<i>pantoprazole sodium</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	PROTONIX	<i>pantoprazole sodium</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
11/01/2024	PROTONIX	<i>pantoprazole sodium</i>	CHANGE TIER	Preferred	Non-Preferred
11/01/2024	PROTONIX	<i>pantoprazole sodium</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	PROTONIX	<i>pantoprazole sodium</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
11/01/2024	LINZESS	<i>linaclotide</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/01/2024	LINZESS	<i>linaclotide</i>	ADD UM: AGE		At least 6 yrs old
11/01/2024	TYMLOS	<i>abaloparatide</i>	ADD UM: CUSTOM		QL edit is for duration - from PA criteria •Length of authorization: maximum cumulative duration of 2 years per lifetime (includes any prior use of Forteo)
11/01/2024	OZEMPIC	<i>semaglutide</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	OZEMPIC	<i>semaglutide</i>	CHANGE UM: PANAME	Non Preferred PA	Clinical PA
11/01/2024	OZEMPIC	<i>semaglutide</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	OZEMPIC	<i>semaglutide</i>	CHANGE UM: QUANTITY	3 / 28 days	3/28 days

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	OZEMPIC	<i>semaglutide</i>	CHANGE UM: PANAME	Non Preferred PA	Clinical PA
11/01/2024	OZEMPIC	<i>semaglutide</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	OZEMPIC	<i>semaglutide</i>	CHANGE UM: PANAME	Non Preferred PA	Clinical PA
11/01/2024	OZEMPIC	<i>semaglutide</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	OZEMPIC	<i>semaglutide</i>	CHANGE UM: PANAME	Non Preferred PA	Clinical PA
11/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	LOMAIRA	<i>phentermine hcl</i>	CHANGE UM: AGE	At least 18 yrs old	At least 17 yrs old
11/01/2024	LOMAIRA	<i>phentermine hcl</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
11/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
11/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	REMOVE UM: DRUGCLASS	BIOLOGICS	
11/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	REMOVE UM: AGE	At least 18 yrs old	
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: AGE		At least 18 yrs old

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: DRUGCLASS		PULMONARY ARTERIAL HYPERTENSION (PAH) AGENTS
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: PANAME		Clinical PA
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: DRUGCLASS		PULMONARY ARTERIAL HYPERTENSION (PAH) AGENTS
11/01/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: PANAME		Clinical PA
11/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: PANAME		Clinical PA
11/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: CUSTOM		Age edits MIN_AGE varies in accordance with PA criteria - Refer to the PA criteria for Dx that have varying ages
11/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD UM: PANAME		Clinical PA
11/01/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD UM: CUSTOM		Age edits MIN_AGE varies in accordance with PA criteria - Refer to the PA criteria for Dx that have varying ages
11/01/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD UM: PANAME		Clinical PA
11/01/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD UM: CUSTOM		Age edits MIN_AGE varies in accordance with PA criteria - Refer to the PA criteria for Dx that have varying ages
11/01/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: PANAME		Clinical PA
11/01/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: CUSTOM		Age edits MIN_AGE varies in accordance with PA criteria - Refer to the PA criteria for Dx that have varying ages
11/01/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD UM: PANAME		Clinical PA
11/01/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD UM: CUSTOM		Age edits MIN_AGE varies in accordance with PA criteria - Refer to the PA criteria for Dx that have varying ages
11/01/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: DRUGCLASS		PULMONARY ARTERIAL HYPERTENSION (PAH) AGENTS

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: PANAME		Clinical PA
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: FI1		Maintenance Medication
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: DRUGCLASS		PULMONARY ARTERIAL HYPERTENSION (PAH) AGENTS
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: PANAME		Clinical PA
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: FI1		Maintenance Medication
11/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	ZYMFENTRA,ZY MFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	ZYMFENTRA,ZY MFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	ZYMFENTRA,ZY MFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	ZYMFENTRA,ZY MFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: PANAME		Clinical PA
11/01/2024	ZYMFENTRA,ZY MFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: PANAME		Clinical PA
11/01/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	<i>calcium acetate</i>	<i>calcium acetate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	<i>calcium acetate</i>	<i>calcium acetate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	AURYXIA	<i>ferric citrate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	FOSRENOL	<i>lanthanum carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	FOSRENOL	<i>lanthanum carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	FOSRENOL	<i>lanthanum carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	FOSRENOL	<i>lanthanum carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	FOSRENOL	<i>lanthanum carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	RENVELA	<i>sevelamer carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	RENVELA	<i>sevelamer carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	RENVELA	<i>sevelamer carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	VELPHORO	<i>sucroferric oxyhydroxide</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD UM: DRUGCLASS		POTASSIUM BINDERS
11/01/2024	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD UM: DRUGCLASS		POTASSIUM BINDERS
11/01/2024	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD UM: DRUGCLASS		POTASSIUM BINDERS
11/01/2024	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	<i>lanthanum carbonate</i>	<i>lanthanum carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	<i>lanthanum carbonate</i>	<i>lanthanum carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	<i>lanthanum carbonate</i>	<i>lanthanum carbonate</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	LOKELMA	<i>sodium zirconium cyclosilicate</i>	ADD TO FORMULARY		Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	LOKELMA	<i>sodium zirconium cyclosilicate</i>	ADD UM: DRUGCLASS		POTASSIUM BINDERS
11/01/2024	LOKELMA	<i>sodium zirconium cyclosilicate</i>	ADD TO FORMULARY		Preferred
11/01/2024	LOKELMA	<i>sodium zirconium cyclosilicate</i>	ADD UM: DRUGCLASS		POTASSIUM BINDERS
11/01/2024	<i>sevelamer hcl</i>	<i>sevelamer hcl</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	<i>sevelamer hcl</i>	<i>sevelamer hcl</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	XPHOZAH	<i>tenapanor hcl</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	XPHOZAH	<i>tenapanor hcl</i>	CHANGE UM: DRUGCLASS	ELECTROLYTE DEPLETERS	PHOSPHATE DEPLETERS
11/01/2024	SPS	<i>sodium polystyrene sulfonate/sorbitol solution</i>	ADD TO FORMULARY		Preferred
11/01/2024	SPS	<i>sodium polystyrene sulfonate/sorbitol solution</i>	ADD UM: DRUGCLASS		POTASSIUM BINDERS
11/01/2024	SPS	<i>sodium polystyrene sulfonate/sorbitol solution</i>	ADD TO FORMULARY		Preferred
11/01/2024	SPS	<i>sodium polystyrene sulfonate/sorbitol solution</i>	ADD UM: DRUGCLASS		POTASSIUM BINDERS
11/01/2024	KIONEX	<i>sodium polystyrene sulfonate/sorbitol solution</i>	ADD TO FORMULARY		Preferred
11/01/2024	KIONEX	<i>sodium polystyrene sulfonate/sorbitol solution</i>	ADD UM: DRUGCLASS		POTASSIUM BINDERS
11/01/2024	<i>alcaftadine</i>	<i>alcaftadine</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	<i>alcaftadine</i>	<i>alcaftadine</i>	ADD UM: DRUGCLASS		OPHTHALMIC ANTIHISTAMINE S

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>alcaftadine</i>	<i>alcaftadine</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	TECENTRIQ	<i>atezolizumab</i>	ADD TO FORMULARY		Non PDL
11/01/2024	TECENTRIQ	<i>atezolizumab</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	TECENTRIQ HYBREZA	<i>atezolizumab- hyaluronidase-tqjs</i>	ADD TO FORMULARY		Non PDL
11/01/2024	TECENTRIQ HYBREZA	<i>atezolizumab- hyaluronidase-tqjs</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	TREMFYA PEN	<i>guselkumab</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: PANAME		Clinical PA
11/01/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	TREMFYA	<i>guselkumab</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	TREMFYA	<i>guselkumab</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	TREMFYA	<i>guselkumab</i>	ADD UM: PANAME		Clinical PA
11/01/2024	TREMFYA	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE UM: FI1	Maintenance Medication	
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMI CS – 2ND GENERATION SULFONYLURE AS	
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE UM: F11	Maintenance Medication	
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMICS – 2ND GENERATION SULFONYLUREAS	
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE UM: F11	Maintenance Medication	
11/01/2024	GLYNASE	<i>glyburide,micronized</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMICS – 2ND GENERATION SULFONYLUREAS	
11/01/2024	ANDRODERM	<i>testosterone</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
11/01/2024	ANDRODERM	<i>testosterone</i>	REMOVE UM: PANAME	Clinical PA	
11/01/2024	ANDRODERM	<i>testosterone</i>	REMOVE UM: DRUGCLASS	ANDROGENIC AGENTS (TOPICAL)	
11/01/2024	ANDRODERM	<i>testosterone</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
11/01/2024	ANDRODERM	<i>testosterone</i>	REMOVE UM: PANAME	Clinical PA	
11/01/2024	ANDRODERM	<i>testosterone</i>	REMOVE UM: DRUGCLASS	ANDROGENIC AGENTS (TOPICAL)	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	PROLATE	<i>oxycodone hcl/acetaminophen</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
11/01/2024	PROLATE	<i>oxycodone hcl/acetaminophen</i>	ADD UM: DRUGCLASS		OPIOIDS – SHORT AND INTERMEDIATE ACTING
11/01/2024	PROLATE	<i>oxycodone hcl/acetaminophen</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred
11/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred
11/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	CHANGE TIER	Preferred	Non-Preferred
11/01/2024	WIXELA INHUB	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	PHOSLYRA	<i>calcium acetate</i>	CHANGE UM: PANAME	Clinical PA	Non Preferred PA
11/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: PANAME		Clinical PA
11/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD TO FORMULARY		Non-Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: PANAME		Clinical PA
11/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	KIPROFEN	<i>ketoprofen</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	KIPROFEN	<i>ketoprofen</i>	ADD UM: DRUGCLASS		NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)
11/01/2024	KIPROFEN	<i>ketoprofen</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	OTEZLA	<i>apremilast</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: PANAME		Clinical PA
11/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	OTEZLA	<i>apremilast</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: PANAME		Clinical PA
11/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	TRYVIO	<i>aprocitentan</i>	ADD TO FORMULARY		Non PDL
11/01/2024	TRYVIO	<i>aprocitentan</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/01/2024	TRYVIO	<i>aprocitentan</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	TRYVIO	<i>aprocitentan</i>	ADD UM: PANAME		Non Preferred PA
11/01/2024	CRESEMBA	<i>isavuconazonium sulfate</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	CRESEMBA	<i>isavuconazonium sulfate</i>	ADD UM: DRUGCLASS		ANTIFUNGALS, ORAL
11/01/2024	CRESEMBA	<i>isavuconazonium sulfate</i>	ADD UM: PANAME		Clinical PA
11/01/2024	PULMICORT	<i>budesonide</i>	ADD UM: AGE		Up to 8 yrs old
11/01/2024	PULMICORT	<i>budesonide</i>	ADD UM: AGE		Up to 8 yrs old

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	PULMICORT	<i>budesonide</i>	ADD UM: AGE		Up to 8 yrs old
11/01/2024	<i>budesonide</i>	<i>budesonide</i>	ADD UM: AGE		Up to 8 yrs old
11/01/2024	<i>budesonide</i>	<i>budesonide</i>	ADD UM: AGE		Up to 8 yrs old
11/01/2024	<i>budesonide</i>	<i>budesonide</i>	ADD UM: AGE		Up to 8 yrs old
11/01/2024	NUCALA	<i>mepolizumab</i>	CHANGE UM: AGE	At least 6 yrs old	6 to 11 yrs old
11/01/2024	VUSION	<i>miconazole nitrate/zinc oxide/petrolatum, white</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SKYTROFA	<i>lonapegsomatropin-tcgd</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	DIFICID	<i>fidaxomicin</i>	ADD UM: AGE		Up to 17 yrs old
11/01/2024	NOXAFIL	<i>posaconazole</i>	ADD UM: AGE		Up to 17 yrs old
11/01/2024	ARNUITY ELLIPTA	<i>fluticasone furoate</i>	ADD UM: AGE		Up to 11 yrs old
11/01/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	ADD UM: AGE		Up to 11 yrs old
11/01/2024	ASMANEX HFA	<i>mometasone furoate</i>	ADD UM: AGE		Up to 12 yrs old
11/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	NGENLA	<i>somatrogon-ghla</i>	ADD UM: AGE		Up to 16 yrs old
11/01/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	CHANGE TIER	Non-Preferred	Preferred

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	CHANGE TIER	Non-Preferred	Preferred
11/01/2024	SYNJARDY XR	<i>empagliflozin/metformin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
11/01/2024	ENEMEEZ PLUS	<i>docusate sodium/benzocaine</i>	ADD UM: NTWK		Less Restrictive Formulary
11/01/2024	ENEMEEZ PLUS	<i>docusate sodium/benzocaine</i>	ADD UM: CUSTOM		Covered for CSHCS only
11/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
11/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD UM: NTWK		Less Restrictive Formulary
11/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD UM: CUSTOM		Covered for CSHCS only
11/01/2024	VP-VITE RX	<i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
11/01/2024	VP-VITE RX	<i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	REMOVE UM: CUSTOM	Covered for CSHCS only	
11/01/2024	VP-VITE RX	<i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
11/01/2024	CULTURELLE	<i>lactobacillus rhamnosus gg</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
11/01/2024	CULTURELLE	<i>lactobacillus rhamnosus gg</i>	REMOVE UM: CUSTOM	Covered for CSHCS only	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	CULTURELLE	<i>lactobacillus rhamnosus gg</i>	REMOVE UM: NTKW	Less Restrictive Formulary	

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/06/2024	<i>alecensa, aliqopa, alunbrig, augtyro, ayvakit, balversa, bortezomib, bosulf, brukinsa, cabometyx, calquence, cemprelsa, cometriq, copiktra, dasatinib, erlotinib hcl, exkivity, fotivda, fruzaqla, gavret o, gefitinib, gilotrif, gleever, ibrance, iclusig, imatinib mesylate, imbruvica, inlyta, inrebic, iressa, itovebi, iwilfin, jaypirca, kiskali, kyprolis, lapatinib, lazcluze, lenvima, lorbrena, lynparza, lytgobi, nerlynx, nexavar, ninlaro, ogsideo, ojjaara, pazopanib hcl, pemazyre, piqray, qinlock, retevmo, rozlytrek, rubraca, rydapt, rytelo, scemblix, sorafenib, sprycel, stivarga, sunitinib malate, sutent, tabrecta, tagrisso, talzena, tarceva, tasi gna, tepmetko, truqap, truseltiq, tukysa, turalio, tykerb, ukoniq, vandetanib,</i>	<i>abemaciclib, acalabrutinib, acalabrutinib maleate, afatinib dimaleate, alectinib hcl, alpelisib, asciminib hydrochloride, avapritinib, axitinib, bortezomib, bosutinib, brigatinib, cabozantinib s-malate, capivasertib, capmatinib hydrochloride, carfilzomib, ceritinib, copanlisib di-hcl, crizotinib, dacomitinib, dasatinib, duvelisib, eflornithine hcl, entrectinib, erdafitinib, erlotinib hcl, fedratinib dihydrochloride, fruquintinib, futibatinib, gefitinib, gilteritinib fumarate, ibrutinib, idelalisib, imatinib mesylate, imetelstat sodium, inavolisib, infigratinib phosphate, ixazomib citrate, lapatinib ditosylate, larotrectinib sulfate, lazertinib mesylate, lenvatinib mesylate, lorlatinib, midostaurin, mobocertinib succinate, momelotinib dihydrochloride, neratinib maleate, nilotinib hcl, niraparib tosylate, nirogacestat hydrobromide, olaparib, osimertinib mesylate, pacritinib citrate, palbociclib, pazopanib hcl, pemigatinib, pexidartinib hydrochloride, pirtobrutinib, ponatinib hcl, pralsetinib, quizartinib</i>	CHANGE UM: CUSTOM		CARVE OUT – BILL MDCH FFS

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# UPHP MEDICAID FORMULARY Updates

December, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2024	REVUFORJ	<i>revumenib citrate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
12/01/2024	REVUFORJ	<i>revumenib citrate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
12/01/2024	<i>timolol</i>	<i>timolol</i>	ADD TO FORMULARY		Non-Preferred
12/01/2024	<i>timolol</i>	<i>timolol</i>	ADD UM: DRUGCLASS		GLAUCOMA – BETA BLOCKERS
12/01/2024	<i>timolol</i>	<i>timolol</i>	ADD UM: PANAME		Non Preferred PA
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD TO FORMULARY		Non-Preferred
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: QUANTITY		60 / 30 days
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: DRUGCLASS		ANGIOTENSIN II-RECEPTOR NEPRILYSIN INHIBITORS (ARNIs)
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: PANAME		Non Preferred PA
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: FI1		Maintenance Medication
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD TO FORMULARY		Non-Preferred
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: QUANTITY		60 / 30 days

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# UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: DRUGCLASS		ANGIOTENSIN II-RECEPTOR NEPRILYSIN INHIBITORS (ARNIs)
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: PANAME		Non Preferred PA
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: FI1		Maintenance Medication
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD TO FORMULARY		Non-Preferred
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: QUANTITY		60 / 30 days
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: DRUGCLASS		ANGIOTENSIN II-RECEPTOR NEPRILYSIN INHIBITORS (ARNIs)
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: PANAME		Non Preferred PA
12/01/2024	<i>sacubitril-valsartan</i>	<i>sacubitril/valsartan</i>	ADD UM: FI1		Maintenance Medication
12/01/2024	ENTRESTO	<i>sacubitril/valsartan</i>	ADD UM: B4G		BRAND FOR GENERIC
12/01/2024	ENTRESTO	<i>sacubitril/valsartan</i>	ADD UM: B4G		BRAND FOR GENERIC
12/01/2024	ENTRESTO	<i>sacubitril/valsartan</i>	ADD UM: B4G		BRAND FOR GENERIC

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