

UPHP MEDICAID FORMULARY Updates

March, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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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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: NTKW	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: NTKW	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: NTKW	Less Restrictive Formulary	
04/22/2024	YUFLYMA(CF) (2 PACK)	<i>adalimumab-aaty</i>	ADD TO FORMULARY		Non-Preferred
04/22/2024	YUFLYMA(CF) (2 PACK)	<i>adalimumab-aaty</i>	ADD UM: PANAME		Clinical PA
04/22/2024	YUFLYMA(CF) (2 PACK)	<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	

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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	
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: NTWK	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: NTWK	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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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,ABRILADA(CF) PEN (2 PACK)	<i>adalimumab-afzb</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	ABRILADA(CF) PEN,ABRILADA(CF) PEN (2 PACK)	<i>adalimumab-afzb</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	ABRILADA(CF) PEN,ABRILADA(CF) PEN (2 PACK)	<i>adalimumab-afzb</i>	ADD UM: PANAME		Clinical PA
05/01/2024	ABRILADA(CF) PEN,ABRILADA(CF) PEN (2 PACK)	<i>adalimumab-afzb</i>	ADD UM: SPECIALTY		Specialty Drug

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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
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

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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
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

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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	JESDUVROQ	<i>daprodustat</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: AGE		At least 18 yrs old

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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
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

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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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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	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	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: NTKW		
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: NTKW		
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: NTKW		

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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	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	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

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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>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	
05/01/2024	<i>adalimumab-aacf(cf) pen (2 pk)</i>	<i>adalimumab-aacf</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-aacf(cf) pen (2 pk)</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-aacf(cf) pen (2 pk)</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

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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)</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)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

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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 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
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) (2 pack)</i>	<i>adalimumab-aaty</i>	ADD TO FORMULARY		Non-Preferred
05/01/2024	<i>adalimumab-aaty(cf) (2 pack)</i>	<i>adalimumab-aaty</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-aaty(cf) (2 pack)</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-aaty(cf) (2 pack)</i>	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>adalimumab-aaty(cf) (2 pk)</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) (2 pk)</i>	<i>adalimumab-aaty</i>	ADD UM: DRUGCLASS		BIOLOGICS
05/01/2024	<i>adalimumab-aaty(cf) (2 pk)</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		Clinical PA
05/01/2024	<i>adalimumab-aaty(cf) (2 pk)</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
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

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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>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
05/01/2024	<i>diltiazem 24hr er (la)</i>	<i>diltiazem hcl</i>	ADD UM: DRUGCLASS		CALCIUM CHANNEL BLOCKERS - NON-DIHYDROPYRIDINE
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

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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	
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	

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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 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	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

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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 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	<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

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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
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

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
05/18/2024	<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
05/23/2024	<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
06/01/2024	CORLANOR	<i>ivabradine hcl</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
06/01/2024	CORLANOR	<i>ivabradine hcl</i>	REMOVE UM: PANAME	Clinical PA	
06/01/2024	CORLANOR	<i>ivabradine hcl</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
06/01/2024	CORLANOR	<i>ivabradine hcl</i>	REMOVE UM: PANAME	Clinical PA	
06/01/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY		Non PDL
06/01/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		Non Preferred PA
06/01/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
06/01/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY		Non PDL
06/01/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		Non Preferred PA
06/01/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
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	

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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	
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

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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: NTKW		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: NTKW		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: NTKW		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: NTKW		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-onlv</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, LENMELDY, LYFGENIA, OMISIRGE, SKYSONA, ZYNTEGLO	<i>atidarsagene autotemcel, betibeglogene autotemcel, elivaldogene autotemcel, exagamglogene autotemcel, lovotibeglogene autotemcel, omidubicel-only</i>	ADD UM: CUSTOM		CARVE OUT - BILL MDCH FFS
07/22/2024	<i>vitamin e</i>	<i>vitamin e mixed</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
07/22/2024	<i>vitamin e</i>	<i>vitamin e mixed</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
07/29/2024	SAXENDA	<i>liraglutide</i>	ADD UM: DRUGCLASS		Anti-Obesity Agents
07/29/2024	SAXENDA, WEGOVY	<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	ARNUITY ELLIPTA	<i>fluticasone furoate</i>	REMOVE UM: PANAME	Clinical PA	
08/01/2024	ARNUITY ELLIPTA	<i>fluticasone furoate</i>	REMOVE UM: PANAME	Clinical PA	
08/01/2024	ARNUITY 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 REDIHALER	<i>beclomethasone dipropionate</i>	REMOVE UM: PANAME	Non Preferred PA	
08/01/2024	QVAR REDIHALER	<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) (2 pk)</i>	<i>adalimumab-aacf</i>	ADD TO FORMULARY		Non-Preferred
09/01/2024	<i>adalimumab-aacf(cf) (2 pk)</i>	<i>adalimumab-aacf</i>	ADD UM: DRUGCLASS		BIOLOGICS
09/01/2024	<i>adalimumab-aacf(cf) (2 pk)</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) (2 pk)</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) (2 pk)</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

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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), COMIRNATY 2023-2024, COMIRNATY 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	DYSPO	<i>abobotulinumtoxina</i>	REMOVE UM: CUSTOM	Medical Pharmacy Drug	
10/01/2024	DYSPO	<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	

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	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	

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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
10/01/2024	<i>sofia sars antigen fia</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>binaxnow covid-19 ag card</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>quickvue sars antigen</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>bd veritor system sars-cov-2</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>bd veritor system sars-cov-2</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>quickvue at-home covid-19 test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>binaxnow covd ag card home tst</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>binaxnow covd ag card home tst</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>binaxnow covd ag card home tst</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE 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
10/01/2024	<i>binaxnow covid-19 ag self test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>ellume covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>inteliswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>carestart covid-19 ag home tst</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>carestart covid-19 ag home tst</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>carestart covid-19 ag home tst</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>ihealth covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>flowflex covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>on-go covid-19 ag at home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>bd veritor at-home covid19 tst</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>covid-19 at-home test (eua)</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>clinitest covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>indicaid covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>celltrion diatrust cov-19 home</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>celltrion diatrust cov-19 home</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	

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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>celltrion diatrust cov-19 home</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>pilot covid-19 at-home test</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>genabio covid-19 rapid at-home</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>genabio covid-19 rapid at-home</i>	<i>covid-19 antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>genabio covid-19 rapid at-home</i>	<i>covid-19 antigen immunoassay test</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: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>lucira check-it covid home tst</i>	<i>covid-19 molecular nucleic acid test assay</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>lucira check-it covid home tst</i>	<i>covid-19 molecular nucleic acid test assay</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>lucira check-it covid home tst</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 UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>covid19 test adm by pharmacist</i>	<i>covid-19 test administered by pharmacist</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>pixel covid-19 home collect kt</i>	<i>covid-19 test specimen collection</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
10/01/2024	<i>pixel covid-19 home collect kt</i>	<i>covid-19 test specimen collection</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>covid19 specimen collect ncpdp</i>	<i>covid-19 test specimen collection</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	

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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: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>sofia2 flu-sars antigen fia</i>	<i>covid-19, influenza a, influenza b antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>sofia2 flu-sars antigen fia</i>	<i>covid-19, influenza a, influenza b antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>veritor sars-cov-2 and flu a-b</i>	<i>covid-19, influenza a, influenza b antigen immunoassay test</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/01/2024	<i>veritor sars-cov-2 and flu a-b</i>	<i>covid-19, influenza a, influenza b antigen immunoassay test</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride</i>	ADD TO FORMULARY		Non PDL
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride</i>	ADD UM: NTWK		Less Restrictive Formulary
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride</i>	ADD UM: CUSTOM		Covered for CSHCS only
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride</i>	ADD TO FORMULARY		Non PDL
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride</i>	ADD UM: NTWK		Less Restrictive Formulary
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride</i>	ADD UM: CUSTOM		Covered for CSHCS only
10/01/2024	<i>vitamin c</i>	<i>ascorbic acid</i>	ADD TO FORMULARY		Non PDL
10/01/2024	<i>vitamin c</i>	<i>ascorbic acid</i>	ADD UM: NTWK		Less Restrictive Formulary
10/01/2024	<i>vitamin c</i>	<i>ascorbic acid</i>	ADD UM: CUSTOM		Covered for CSHCS only
10/01/2024	<i>vitamin c</i>	<i>ascorbic acid</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	<i>vitamin c</i>	<i>ascorbic acid</i>	ADD UM: NTWK		Less Restrictive Formulary
10/01/2024	<i>vitamin c</i>	<i>ascorbic acid</i>	ADD UM: CUSTOM		Covered for CSHCS only
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
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

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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	
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

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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 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
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	

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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
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

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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	
10/19/2024	ZOMIG	<i>zolmitriptan</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
10/19/2024	ZOMIG	<i>zolmitriptan</i>	ADD 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 <ul style="list-style-type: none"> •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,WINREVAIR (2 PACK)	<i>sotatercept-csrk</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	WINREVAIR,WINREVAIR (2 PACK)	<i>sotatercept-csrk</i>	ADD UM: DRUGCLASS		PULMONARY ARTERIAL HYPERTENSION (PAH) AGENTS
11/01/2024	WINREVAIR,WINREVAIR (2 PACK)	<i>sotatercept-csrk</i>	ADD UM: PANAME		Clinical PA
11/01/2024	WINREVAIR,WINREVAIR (2 PACK)	<i>sotatercept-csrk</i>	ADD UM: FI1		Maintenance Medication
11/01/2024	WINREVAIR,WINREVAIR (2 PACK)	<i>sotatercept-csrk</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	ZYMFENTRA,ZYMFENTRA PEN (2 PACK)	<i>infliximab-dyyb</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	ZYMFENTRA,ZYMFENTRA PEN (2 PACK)	<i>infliximab-dyyb</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	ZYMFENTRA,ZYMFENTRA PEN (2 PACK)	<i>infliximab-dyyb</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	ZYMFENTRA,ZYMFENTRA PEN (2 PACK)	<i>infliximab-dyyb</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
11/01/2024	ZYMFENTRA,ZYMFENTRA PEN (2 PACK)	<i>infliximab-dyyb</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	ZYMFENTRA (2 PACK)	<i>infliximab-dyyb</i>	ADD TO FORMULARY		Non-Preferred
11/01/2024	ZYMFENTRA (2 PACK)	<i>infliximab-dyyb</i>	ADD UM: AGE		At least 18 yrs old
11/01/2024	ZYMFENTRA (2 PACK)	<i>infliximab-dyyb</i>	ADD UM: DRUGCLASS		BIOLOGICS
11/01/2024	ZYMFENTRA (2 PACK)	<i>infliximab-dyyb</i>	ADD UM: PANAME		Clinical PA
11/01/2024	ZYMFENTRA (2 PACK)	<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

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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	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

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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>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
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

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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 TO FORMULARY		Non-Preferred
11/01/2024	<i>alcaftadine</i>	<i>alcaftadine</i>	ADD UM: DRUGCLASS		OPHTHALMIC ANTIHISTAMINES
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: F11	Maintenance Medication	

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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: DRUGCLASS	ORAL HYPOGLYCEMI CS – 2ND GENERATION SULFONYLURE AS	
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
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	ANDRODERM	<i>testosterone</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
11/01/2024	ANDRODERM	<i>testosterone</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
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)	
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

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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
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

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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
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	DIFICID	<i>fidaxomicin</i>	ADD UM: AGE		Up to 17 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	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
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

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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: NTKW	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	
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, gleevec, 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, talzenna, 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
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</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
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>riboflavin</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>riboflavin</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>riboflavin</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>riboflavin</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>riboflavin</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>riboflavin</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</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
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD 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
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</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
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD TO FORMULARY		Non PDL
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b-2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: CUSTOM		Covered for CSHCS only
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</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
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD UM: NTWK		Less Restrictive Formulary
12/01/2024	<i>vitamin b2</i>	<i>riboflavin (vitamin b2)</i>	ADD 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
12/03/2024	<i>alecensa, aliqopa, alunbrig, augtyro, ayvakit, balversa, bortezomib, boruz u, bosulif, brukinsa, cabometyx, calquence, caprelsa, cometriq, copiktra, d an ziten, dasatinib, erlotinib hcl, exkivity, fotivda, fruzaqla, gavret o, gefitinib, gilotrif, gleeverc, ibrance, iclusig, imatinib mesylate, imbruvica, inlyta, inrebic, ir essa, itovebi, iwilfin, jaypirca, kisqali, kyprolis, lapatinib, lazcluze, lenvima, lorbrena, lynparza, lytgobi, nerlynx, nexavar, ninlaro, ogsideo, ojjaara, pazopanib hcl, pemazyre, piqray, qinlock, retevmo, revuforj, rozlytrek, rubraca, rydapt, rytelo, scemblix, so rafenib, sprycel, stivarga, sunitinib malate, sutent, tabrecta, tagrisso, talzena, tarceva, tasi gna, tepmetko, truqap, truseltiq, tukysa, turalio, tykerb, u</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, nilotinib tartrate, niraparib tosylate, nirogacestat hydrobromide, olaparib, osimertinib mesylate, pacritinib citrate, palbociclib, pazopanib hcl, pemigatinib, pexidartinib hydrochloride, pirtobrutinib, ponatinib hcl, pralsetinib, quizartinib</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
	<i>koniq, vandetanib, vanflyta, velcade, verzenio, vitrakvi, vizimpro, vonjo, vo trient, xalkori, xosp ata, zejula, zydelig , zykadia</i>	<i>dihydrochloride, regorafenib, r epotrectinib, revumenib citrate, ribociclib succinate, ripretinib, rucapari b camsylate, selpercatinib, sora fenib tosylate, sunitinib malate, talazoparib tosylate, tepotinib hcl, tivozanib hcl, tucatinib, umbralisib tosylate, vandetanib, zanubru tinib</i>			

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/03/2024	<i>alecensa, aliqopa, alunbrig, augtyro, ayvakit, balversa, bortezomib, boruz u, bosulif, brukinsa, cabometyx, calquence, caprelsa, cometriq, copiktra, d an ziten, dasatinib, erlotinib hcl, exkivity, fotivda, fruzaqla, gavret o, gefitinib, gilotrif, gleevec, ibrance, iclusig, imatinib mesylate, imbruvica, inlyta, inrebic, ir essa, itovebi, iwilfin, jaypirca, kisqali, kyprolis, lapatinib, lazcluze, lenvima, lorbrena, lynparza, lytgobi, nerlynx, nexavar, ninlaro, ogsideo, ojjaara, pazopanib hcl, pemazyre, piqray, qinlock, retevmo, revuforj, rozlytrek, rubraca, rydapt, rytelo, scemblix, so rafenib, sprycel, stivarga, sunitinib malate, sutent, tabrecta, tagrisso, talzena, tarceva, tasi gna, tepmetko, truqap, truseltiq, tukysa, turalio, tykerb, u</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, nilotinib tartrate, 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

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	<i>koniq, vandetanib, vanflyta, velcade, verzenio, vitrakvi, vizimpro, vonjo, vo trient, xalkori, xosp ata, zejula, zydelig , zykadia</i>	<i>dihydrochloride, regorafenib, r epotrectinib, revumenib citrate, ribociclib succinate, ripretinib, rucapari b camsylate, selpercatinib, sora fenib tosylate, sunitinib malate, talazoparib tosylate, tepotinib hcl, tivozanib hcl, tucatinib, umbralisib tosylate, vandetanib, zanubru tinib</i>			

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UPHP MEDICAID FORMULARY Updates

January, 2025

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD TO FORMULARY		Non-Preferred
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD UM: QUANTITY		1.2 / 30 days
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD UM: DRUGCLASS		INCRETIN MIMETICS - COMBINATIONS
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD UM: PANAME		Clinical PA
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD UM: FI1		Maintenance Medication
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD TO FORMULARY		Non-Preferred
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD UM: QUANTITY		2.4 / 30 days
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD UM: DRUGCLASS		INCRETIN MIMETICS - COMBINATIONS
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD UM: PANAME		Clinical PA
01/01/2025	<i>exenatide</i>	<i>exenatide</i>	ADD UM: FI1		Maintenance Medication
01/01/2025	BYETTA	<i>exenatide</i>	ADD UM: B4G		BRAND FOR GENERIC
01/01/2025	BYETTA	<i>exenatide</i>	ADD UM: B4G		BRAND FOR GENERIC
01/01/2025	CAPEX SHAMPOO	<i>fluocinolone acetonide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
01/01/2025	CAPEX SHAMPOO	<i>fluocinolone acetonide</i>	ADD UM: DRUGCLASS		TOPICAL STEROIDS – LOW POTENCY
01/01/2025	CAPEX SHAMPOO	<i>fluocinolone acetonide</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
01/14/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
01/14/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
01/14/2025	CORLANOR	<i>ivabradine hcl</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
01/14/2025	CORLANOR	<i>ivabradine hcl</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
01/14/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
01/14/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	REMOVE UM: SPECIALTY	Specialty Drug	
01/14/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	REMOVE UM: SPECIALTY	Specialty Drug	
01/14/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
01/14/2025	CORLANOR	<i>ivabradine hcl</i>	ADD UM: PANAME		Non Preferred PA
01/14/2025	CORLANOR	<i>ivabradine hcl</i>	ADD UM: PANAME		Non Preferred PA
01/17/2025	CORLANOR	<i>ivabradine hcl</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
01/17/2025	CORLANOR	<i>ivabradine hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
01/17/2025	CORLANOR	<i>ivabradine hcl</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
01/17/2025	CORLANOR	<i>ivabradine hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
01/17/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
01/17/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		Non Preferred PA
01/17/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/17/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
01/17/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		Non Preferred PA
01/17/2025	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/18/2025	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Preferred
01/18/2025	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: QUANTITY		120 / 30 days

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2025	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: DRUGCLASS		OPIOIDS – SHORT AND INTERMEDIATE ACTING
01/18/2025	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Preferred
01/18/2025	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: QUANTITY		120 / 30 days
01/18/2025	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: DRUGCLASS		OPIOIDS – SHORT AND INTERMEDIATE ACTING

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UPHP MEDICAID FORMULARY Updates

February, 2025

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	COREG CR	<i>carvedilol phosphate</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
02/01/2025	COREG CR	<i>carvedilol phosphate</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
02/01/2025	DUEXIS	<i>ibuprofen/famotidine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	DUEXIS	<i>ibuprofen/famotidine</i>	REMOVE UM: PANAME	Clinical PA	
02/01/2025	DUEXIS	<i>ibuprofen/famotidine</i>	REMOVE UM: DRUGCLASS	NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)	
02/01/2025	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE UM: PANAME	Clinical PA	
02/01/2025	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE UM: DRUGCLASS	NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)	
02/01/2025	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE UM: QUANTITY	5 / claim	
02/01/2025	QDOLO	<i>tramadol hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	QDOLO	<i>tramadol hcl</i>	REMOVE UM: MAXQTYPERDAY	80.0 per day	
02/01/2025	QDOLO	<i>tramadol hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	QDOLO	<i>tramadol hcl</i>	REMOVE UM: CUSTOM	Cumulative MED 90 mg/day	
02/01/2025	QDOLO	<i>tramadol hcl</i>	REMOVE UM: AGE	At least 12 yrs old	

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	<i>flurandrenolide</i>	<i>flurandrenolide</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	<i>flurandrenolide</i>	<i>flurandrenolide</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	<i>flurandrenolide</i>	<i>flurandrenolide</i>	REMOVE UM: DRUGCLASS	TOPICAL STEROIDS – MEDIUM POTENCY	
02/01/2025	<i>insulin glargine</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	<i>insulin glargine</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	<i>insulin glargine</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	<i>insulin glargine</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: QUANTITY	90 / claim	
02/01/2025	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: QUANTITY	90 / claim	
02/01/2025	LANTUS	<i>insulin glargine, human recombinant analog, insulin glargine, human recombinant analog</i>	REMOVE UM: B4G	BRAND FOR GENERIC	
02/01/2025	LANTUS SOLOSTAR	<i>insulin glargine, human recombinant analog, insulin glargine, human recombinant analog</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
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE UM: CUSTOM	Cumulative MED 90 mg/day	6 tabs per day; Revised Cumulative to 90 MME Effective 7/1/2021
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE UM: CUSTOM	Cumulative MED 90 mg/day	Revised Cumulative to 90 MME Effective 7/1/2021
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE UM: CUSTOM	Cumulative MED 90 mg/day	Revised Cumulative to 90 MME Effective 7/1/2021
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE UM: CUSTOM	Cumulative MED 90 mg/day	Revised Cumulative to 90 MME Effective 7/1/2021
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE UM: CUSTOM	Cumulative MED 90 mg/day	Revised Cumulative to 90 MME Effective 7/1/2021
02/01/2025	OXYCONTIN	<i>oxycodone 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
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE UM: CUSTOM	Cumulative MED 90 mg/day	Revised Cumulative to 90 MME Effective 7/1/2021
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	CHANGE UM: CUSTOM	Cumulative MED 90 mg/day	Revised Cumulative to 90 MME Effective 7/1/2021
02/01/2025	OXYCONTIN	<i>oxycodone hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	<i>fluocinonide</i>	<i>fluocinonide</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	ROXYBOND	<i>oxycodone hcl</i>	ADD UM: DRUGCLASS		OPIOIDS – SHORT AND INTERMEDIATE ACTING
02/01/2025	ROXYBOND	<i>oxycodone hcl</i>	CHANGE UM: PANAME	Non Preferred PA	Clinical PA

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	ROXYBOND	<i>oxycodone hcl</i>	ADD UM: DRUGCLASS		OPIOIDS – SHORT AND INTERMEDIATE ACTING
02/01/2025	ROXYBOND	<i>oxycodone hcl</i>	CHANGE UM: PANAME	Non Preferred PA	Clinical PA
02/01/2025	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	KESIMPTA PEN	<i>ofatumumab</i>	CHANGE TIER	Non-Preferred	Preferred
02/01/2025	KESIMPTA PEN	<i>ofatumumab</i>	ADD UM: DRUGCLASS		MULTIPLE SCLEROSIS AGENTS
02/01/2025	KESIMPTA PEN	<i>ofatumumab</i>	REMOVE UM: PANAME	Clinical PA	
02/01/2025	ROXYBOND	<i>oxycodone hcl</i>	ADD UM: DRUGCLASS		OPIOIDS – SHORT AND INTERMEDIATE ACTING
02/01/2025	ROXYBOND	<i>oxycodone hcl</i>	CHANGE UM: PANAME	Non Preferred PA	Clinical PA
02/01/2025	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: DRUGCLASS		MULTIPLE SCLEROSIS AGENTS
02/01/2025	ZEPOSIA	<i>ozanimod hydrochloride</i>	CHANGE UM: PANAME	Non Preferred PA	Clinical PA
02/01/2025	DUVYZAT	<i>givinostat hydrochloride</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
02/01/2025	<i>sitagliptin-metformin</i>	<i>sitagliptin/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
02/01/2025	<i>sitagliptin-metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMICS – COMBINATIONS
02/01/2025	<i>sitagliptin-metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>sitagliptin-metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	<i>sitagliptin-metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMICS – COMBINATIONS
02/01/2025	<i>sitagliptin-metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD UM: DRUGCLASS		HEMATOPOIETIC AGENTS
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD UM: PANAME		Clinical PA
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD UM: DRUGCLASS		HEMATOPOIETIC AGENTS
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD UM: PANAME		Clinical PA
02/01/2025	VAFSEO	<i>vadadustat</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	XOLREMDI	<i>mavoxifafor</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
02/01/2025	XOLREMDI	<i>mavoxifafor</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – COMBINATIONS
02/01/2025	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – COMBINATIONS
02/01/2025	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – COMBINATIONS
02/01/2025	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – COMBINATIONS
02/01/2025	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – COMBINATIONS

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	IQIRVO	<i>elafibranor</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	LIVDELZI	<i>seladelpar lysine</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	OHTUVAYRE	<i>ensifentrine</i>	ADD TO FORMULARY		Non PDL
02/01/2025	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: QUANTITY		2 / day
02/01/2025	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: PANAME		Clinical PA
02/01/2025	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD TO FORMULARY		Non PDL
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: QUANTITY		2 / 28 days
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: PANAME		Clinical PA
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD TO FORMULARY		Non PDL
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: QUANTITY		2 / 28 days
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: PANAME		Clinical PA
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD TO FORMULARY		Non PDL
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: QUANTITY		2 / 28 days
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	YORVIPATH	<i>palopegteriparatide</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
02/01/2025	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	COREG	<i>carvedilol</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: PANAME	Non Preferred PA	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	COREG	<i>carvedilol</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	<i>alecensa, aliqopa, alunbrig, augtyro, ayvakit, balversa, bortezomib, boruz u, bosulif, brukinsa, cabometyx, calquence, caprelsa, cometriq, copiktra, d anziten, dasatinib, erlotinib hcl, exkivity, fotivda, fruzaqla, gavret o, gefitinib, gilotrif, gleevec, ibrance, iclusig, imatinib mesylate, imbruvica, imkeldi, inlyta, inrebic, iressa, itovebi, iwilfin, jaypirca, kisqali, kyprolis, lapatinib, lazcluze, le nvima, lorbreana, lynparza, lytgobi, nerylynx, nexavar, nintaro, ogsiveo, ojjaara, pazopanib hcl, pemazyre, piqray, qinlock, retevmo, revuforj, rozlytrek, rubraca, rydapt, rytelo, scemblix, so rafenib, sprycel, stivarga, sunitinib malate, sutent, tabrecta, tagrisso, talzena, tarceva, tasi gna, tepmetko, truqap, truseltiq, tukysa, turalio, tykerb, u</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, nilotinib tartrate, niraparib tosylate, nirogacestat hydrobromide, olaparib, osimertinib mesylate, pacritinib citrate, palbociclib, pazopanib hcl, pemigatinib, pexidartinib hydrochloride, pirtobrutinib, ponatinib hcl, pralsetinib, quizartinib</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
	<i>koniq, vandetanib, vanflyta, velcade, verzenio, vitrakvi, vizimpro, vonjo, vo trient, xalkori, xosp ata, zejula, zydelig , zykadia</i>	<i>dihydrochloride, regorafenib, r epotrectinib, revumenib citrate, ribociclib succinate, ripretinib, rucapari b camsylate, selpercatinib, sora fenib tosylate, sunitinib malate, talazoparib tosylate, tepotinib hcl, tivozanib hcl, tucatinib, umbralisib tosylate, vandetanib, zanubru tinib</i>			

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	<i>alecensa, aliqopa, alunbrig, augtyro, ayvakit, balversa, bortezomib, boruz u, bosulif, brukinsa, cabometyx, calquence, caprelsa, cometriq, copiktra, d anziten, dasatinib, erlotinib hcl, exkivity, fotivda, fruzaqla, gavret o, gefitinib, gilotrif, gleevec, ibrance, iclusig, imatinib mesylate, imbruvica, imkeldi, inlyta, inrebic, iressa, itovebi, iwilfin, jaypirca, kisqali, kyprolis, lapatinib, lazcluze, lenvima, lorbre-na, lynparza, lytgobi, nerylynx, nexavar, ninlaro, ogsiveo, ojjaara, pazopanib hcl, pemazyre, piqray, qinlock, retevmo, revuforj, rozlytrek, rubraca, rydapt, rytelo, scemblix, so-rafenib, sprycel, stivarga, sunitinib malate, sutent, tabrecta, tagrisso, talzenna, tarceva, tasi-gna, tepmetko, truqap, truseltiq, tucysa, turalio, tykerb, u</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, nilotinib tartrate, 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

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	AFLURIA QUAD 2023-24 (3YR UP)	<i>influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf</i>	REMOVE UM: AGE	At least 3 yrs old	
02/01/2025	AFLURIA QUAD 2023-2024	<i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	AFLURIA QUAD 2023-2024	<i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	COMIRNATY 2023-2024	<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	COMIRNATY 2023-2024	<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	COMIRNATY 2023-2024	<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	COMIRNATY 2023-2024	<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	COMIRNATY	<i>covid-19 vac mrna, tris(pfizer)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	COMIRNATY	<i>covid-19 vac mrna, tris(pfizer)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUAD QUAD 2022-2023	<i>influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUAD QUAD 2022-2023	<i>influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/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
02/01/2025	FLUAD QUAD 2022-2023	<i>influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c. 1/pf</i>	REMOVE UM: AGE	At least 65 yrs old	
02/01/2025	FLUAD QUAD 2023-2024	<i>influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c. 1/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUAD QUAD 2023-2024	<i>influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c. 1/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUAD QUAD 2023-2024	<i>influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c. 1/pf</i>	REMOVE UM: AGE	At least 65 yrs old	
02/01/2025	FLUARIX QUAD 2022-2023	<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUARIX QUAD 2022-2023	<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUARIX QUAD 2023-2024	<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUARIX QUAD 2023-2024	<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUBLOK QUAD 2022-2023	<i>influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUBLOK QUAD 2022-2023	<i>influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUBLOK QUAD 2022-2023	<i>influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf</i>	REMOVE UM: AGE	At least 18 yrs old	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	FLUBLOK QUAD 2023-2024	<i>influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUBLOK QUAD 2023-2024	<i>influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUBLOK QUAD 2023-2024	<i>influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf</i>	REMOVE UM: AGE	At least 18 yrs old	
02/01/2025	FLUCELVAX QUAD 2022-2023	<i>flu vaccine quad 2022-2023(6 month and older)cell derived/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUCELVAX QUAD 2022-2023	<i>flu vaccine quad 2022-2023(6 month and older)cell derived/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUCELVAX QUAD 2023-2024	<i>flu vaccine quad 2023-2024(6 month and older)cell derived/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUCELVAX QUAD 2023-2024	<i>flu vaccine quad 2023-2024(6 month and older)cell derived/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUCELVAX QUAD 2022-2023	<i>flu vaccine quadriv 2022-2023(6 month and older)cell derived</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUCELVAX QUAD 2022-2023	<i>flu vaccine quadriv 2022-2023(6 month and older)cell derived</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUCELVAX QUAD 2023-2024	<i>flu vaccine quadriv 2023-2024(6 month and older)cell derived</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUCELVAX QUAD 2023-2024	<i>flu vaccine quadriv 2023-2024(6 month and older)cell derived</i>	REMOVE UM: NTWK	Less Restrictive Formulary	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	FLULAVAL QUAD 2022-2023	<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLULAVAL QUAD 2022-2023	<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLULAVAL QUAD 2023-2024	<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLULAVAL QUAD 2023-2024	<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUMIST QUAD 2022-2023	<i>influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUMIST QUAD 2022-2023	<i>influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUMIST QUAD 2023-2024	<i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUMIST QUAD 2023-2024	<i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUMIST QUAD 2023-2024	<i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i>	REMOVE UM: AGE	2 to 49 yrs old	
02/01/2025	FLUZONE QUAD 2022-2023	<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUZONE QUAD 2022-2023	<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	FLUZONE QUAD 2022-2023	<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUZONE QUAD 2022-2023	<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUZONE QUAD 2023-2024	<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUZONE QUAD 2023-2024	<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUZONE HIGH-DOSE QUAD 2022-23	<i>influenza virus vaccine quadrival split 2022-23(65 yr up)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUZONE HIGH-DOSE QUAD 2022-23	<i>influenza virus vaccine quadrival split 2022-23(65 yr up)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUZONE HIGH-DOSE QUAD 2022-23	<i>influenza virus vaccine quadrival split 2022-23(65 yr up)/pf</i>	REMOVE UM: AGE	At least 65 yrs old	
02/01/2025	FLUZONE HIGH-DOSE QUAD 2023-24	<i>influenza virus vaccine quadrival split 2023-24(65 yr up)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUZONE HIGH-DOSE QUAD 2023-24	<i>influenza virus vaccine quadrival split 2023-24(65 yr up)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUZONE HIGH-DOSE QUAD 2023-24	<i>influenza virus vaccine quadrival split 2023-24(65 yr up)/pf</i>	REMOVE UM: AGE	At least 65 yrs old	
02/01/2025	FLUZONE QUAD 2022-2023	<i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	FLUZONE QUAD 2022-2023	<i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	FLUZONE QUAD 2023-2024	<i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	FLUZONE QUAD 2023-2024	<i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	JANSSEN COVID-19 VACCINE (EUA)	<i>covid-19 vac, ad26.cov2.s (janssen)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	JANSSEN COVID-19 VACCINE (EUA)	<i>covid-19 vac, ad26.cov2.s (janssen)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	MODERNA COVID 23-24(6M-11Y)EUA	<i>covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	MODERNA COVID 23-24(6M-11Y)EUA	<i>covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	MODERNA COVID BIVAL(6MO UP)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	MODERNA COVID BIVAL(6MO UP)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	MODERNA COVID BIVAL(6MO-5Y)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	MODERNA COVID BIVAL(6MO-5Y)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	MODERNA COVID (12Y UP)VAC(EUA)	<i>covid-19 vaccine, mrna, cx- 024414, Inp-s (moderna)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	MODERNA COVID (12Y UP)VAC(EUA)	<i>covid-19 vaccine, mrna, cx- 024414, Inp-s (moderna)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	MODERNA COVID-19 BOOSTER (EUA)	<i>covid-19 vaccine, mrna, cx- 024414, Inp-s (moderna)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	MODERNA COVID-19 BOOSTER (EUA)	<i>covid-19 vaccine, mrna, cx- 024414, Inp-s (moderna)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	MODERNA COVID(6M-5Y) VACC(EUA)	<i>covid-19 vaccine, mrna, Inp- s, pediatric (moderna)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	MODERNA COVID(6M-5Y) VACC(EUA)	<i>covid-19 vaccine, mrna, Inp- s, pediatric (moderna)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	NOVAVAX COVID 2023- 2024 (EUA)	<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	NOVAVAX COVID 2023- 2024 (EUA)	<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	NOVAVAX COVID-19 VACC,ADJ(EUA)	<i>covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf</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
02/01/2025	NOVAVAX COVID-19 VACC,ADJ(EUA)	<i>covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	PFIZER COVID 2023-24(5- 11Y)EUA	<i>covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	PFIZER COVID 2023-24(5- 11Y)EUA	<i>covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	PFIZER COVID 2023-24(6M- 4Y)EUA	<i>covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	PFIZER COVID 2023-24(6M- 4Y)EUA	<i>covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	PFIZER COVID (12Y UP) VAC(EUA)	<i>covid-19 vac mrna, tris(pfizer)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	PFIZER COVID (12Y UP) VAC(EUA)	<i>covid-19 vac mrna, tris(pfizer)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	PFIZER COVID- 19 VACCINE (EUA)	<i>covid-19 vaccine, mrna, bnt162b2, Inp-s (pfizer)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	PFIZER COVID- 19 VACCINE (EUA)	<i>covid-19 vaccine, mrna, bnt162b2, Inp-s (pfizer)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	PFIZER COVID (5-11Y) VAC (EUA)	<i>covid-19 vac mrna, tris(pfizer)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	PFIZER COVID (5-11Y) VAC (EUA)	<i>covid-19 vac mrna, tris(pfizer)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	PFIZER COVID BIVAL (6MO-4Y)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	PFIZER COVID BIVAL (6MO-4Y)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	PFIZER COVID BIVAL (5-11YR)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	PFIZER COVID BIVAL (5-11YR)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	PFIZER COVID BIVAL (12Y UP)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	PFIZER COVID BIVAL (12Y UP)EUA	<i>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	PFIZER COVID (6M-4Y) VACC(EUA)	<i>covid-19 vac mrna,tris(pfizer)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	PFIZER COVID (6M-4Y) VACC(EUA)	<i>covid-19 vac mrna,tris(pfizer)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SPIKEVAX 2023-2024	<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	SPIKEVAX 2023-2024	<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SPIKEVAX 2023-2024	<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	SPIKEVAX 2023-2024	<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SPIKEVAX COVID (18Y UP) VACC	<i>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	SPIKEVAX COVID (18Y UP) VACC	<i>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	CAPVAXIVE	<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>	ADD TO FORMULARY		Non PDL
02/01/2025	CAPVAXIVE	<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>	ADD UM: AGE		At least 18 yrs old
02/01/2025	CAPVAXIVE	<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>	ADD UM: NTWK		Less Restrictive Formulary
02/01/2025	TRI-LO-ESTARYLLA	<i>norgestimate-ethinyl estradiol</i>	ADD UM: QUANTITY		365 days / claim
02/01/2025	TRI-LO-ESTARYLLA	<i>norgestimate-ethinyl estradiol</i>	ADD UM: NTWK		Less Restrictive Formulary
02/01/2025	SRONYX	<i>levonorgestrel-ethinyl estradiol, levonorgestrel/ethinyl estradiol</i>	ADD UM: NTWK		Less Restrictive Formulary
02/01/2025	NORA-BE	<i>norethindrone</i>	ADD UM: NTWK		Less Restrictive Formulary
02/01/2025	MICROGESTIN	<i>norethindrone acetate-ethinyl estradiol, norethindrone acetate/ethinyl estradiol</i>	ADD UM: NTWK		Less Restrictive Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	KELNOR 1-50	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: NTWK		Less Restrictive Formulary
02/01/2025	ESTARYLLA	<i>norgestimate-ethinyl estradiol</i>	ADD UM: NTWK		Less Restrictive Formulary
02/01/2025	BLISOVI FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: NTWK		Less Restrictive Formulary
02/01/2025	LUTERA	<i>levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol</i>	ADD UM: NTWK		Less Restrictive Formulary
02/01/2025	ADACEL TDAP	<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>	ADD UM: AGE		10.0 to 64.0 yrs old
02/01/2025	ADACEL TDAP	<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>	ADD UM: AGE		10.0 to 64.0 yrs old
02/01/2025	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: AGE		At least 0.5 yrs old
02/01/2025	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD UM: AGE		At least 12 yrs old
02/01/2025	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: AGE		At least 0.5 yrs old
02/01/2025	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD UM: AGE		At least 0.5 yrs old
02/01/2025	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD UM: AGE		At least 0.5 yrs old
02/01/2025	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: AGE		At least 0.5 yrs old

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: AGE		At least 0.5 yrs old
02/01/2025	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: AGE		At least 0.5 yrs old
02/01/2025	GARDASIL 9	<i>human papillomavirus vaccine, 9-valent/pf</i>	CHANGE UM: AGE	9 to 26 yrs old	9 to 45 yrs old
02/01/2025	GARDASIL 9	<i>human papillomavirus vaccine, 9-valent/pf</i>	CHANGE UM: AGE	9 to 26 yrs old	9 to 45 yrs old
02/01/2025	INFANRIX DTAP,INFANRIX PF	<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf,diphtheria, pertussis(acell), tetanus ped vacc/pf</i>	ADD UM: AGE		0.115 to 6 yrs old
02/01/2025	DAPTACEL DTAP	<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>	ADD UM: AGE		0.115 to 6 yrs old
02/01/2025	KINRIX	<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>	ADD UM: AGE		4 to 6 yrs old
02/01/2025	MODERNA COVID 24-25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: AGE		0.5 to 11 yrs old
02/01/2025	NOVAVAX COVID 2024-2025 (EUA)	<i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>	ADD UM: AGE		At least 12 yrs old
02/01/2025	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: AGE		5 to 11 yrs old
02/01/2025	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: AGE		0.5 to 4 yrs old

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	PNEUMOVAX 23	<i>pneumococcal 23-val p-sac vac, pneumococcal 23-valent polysaccharide vaccine</i>	CHANGE UM: AGE	At least 2 yrs old	At least 50 yrs old
02/01/2025	PNEUMOVAX 23	<i>pneumococcal 23-valent polysaccharide vaccine</i>	CHANGE UM: AGE	At least 2 yrs old	At least 50 yrs old
02/01/2025	PREVNAR 20	<i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i>	CHANGE UM: AGE	At least 18 yrs old	At least 0.115 yrs old
02/01/2025	PREVNAR 13	<i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>	ADD UM: AGE		At least 0.115 yrs old
02/01/2025	QUADRACEL DTAP-IPV	<i>diphtheria, pertussis(acell), tetanus, polio vaccine/pf</i>	ADD UM: AGE		4 to 6 yrs old
02/01/2025	SHINGRIX	<i>varicella-zoster virus glycoprotein e, rec/as01b adjuvant/pf</i>	CHANGE UM: AGE	At least 18 yrs old	At least 50 yrs old
02/01/2025	SPIKEVAX 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: AGE		At least 12 yrs old
02/01/2025	tdvax	<i>tetanus and diphtheria toxoids, adult</i>	ADD UM: AGE		At least 7 yrs old
02/01/2025	TENIVAC	<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>	ADD UM: AGE		At least 7 yrs old
02/01/2025	TENIVAC	<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>	ADD UM: AGE		At least 7 yrs old
02/01/2025	<i>prucalopride</i>	<i>prucalopride succinate</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	<i>prucalopride</i>	<i>prucalopride succinate</i>	ADD UM: DRUGCLASS		GI MOTILITY, CHRONIC
02/01/2025	<i>prucalopride</i>	<i>prucalopride succinate</i>	ADD UM: PANAME		Clinical PA
02/01/2025	<i>prucalopride</i>	<i>prucalopride succinate</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
02/01/2025	<i>prucalopride</i>	<i>prucalopride succinate</i>	ADD UM: DRUGCLASS		GI MOTILITY, CHRONIC
02/01/2025	<i>prucalopride</i>	<i>prucalopride succinate</i>	ADD UM: PANAME		Clinical PA
02/01/2025	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/01/2025	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: DRUGCLASS		PROTON PUMP INHIBITORS
02/01/2025	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	NEXIUM	<i>esomeprazole magnesium</i>	ADD UM: B4G		BRAND FOR GENERIC
02/01/2025	NEXIUM	<i>esomeprazole magnesium</i>	ADD UM: B4G		BRAND FOR GENERIC
02/01/2025	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/01/2025	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: DRUGCLASS		PROTON PUMP INHIBITORS
02/01/2025	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: DRUGCLASS		TOPICAL STEROIDS – LOW POTENCY
02/01/2025	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>labetalol hcl</i>	<i>labetalol hcl</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
02/01/2025	<i>labetalol hcl</i>	<i>labetalol hcl</i>	ADD UM: DRUGCLASS		BETA BLOCKERS
02/01/2025	<i>labetalol hcl</i>	<i>labetalol hcl</i>	ADD UM: FI1		Maintenance Medication
02/01/2025	GABARONE	<i>gabapentin</i>	ADD TO FORMULARY		Preferred
02/01/2025	GABARONE	<i>gabapentin</i>	ADD UM: DRUGCLASS		NEUROPATHIC PAIN
02/01/2025	GABARONE	<i>gabapentin</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
02/01/2025	GABARONE	<i>gabapentin</i>	ADD TO FORMULARY		Preferred
02/01/2025	GABARONE	<i>gabapentin</i>	ADD UM: DRUGCLASS		NEUROPATHIC PAIN
02/01/2025	GABARONE	<i>gabapentin</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
02/01/2025	IMITREX	<i>sumatriptan</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
02/01/2025	IMITREX	<i>sumatriptan</i>	REMOVE UM: DRUGCLASS	ANTIMIGRAINE AGENTS, TRIPTANS	
02/01/2025	IMITREX	<i>sumatriptan</i>	REMOVE UM: QUANTITY	6 / claim	
02/01/2025	IMITREX	<i>sumatriptan</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
02/01/2025	IMITREX	<i>sumatriptan</i>	REMOVE UM: DRUGCLASS	ANTIMIGRAINE AGENTS, TRIPTANS	
02/01/2025	IMITREX	<i>sumatriptan</i>	REMOVE UM: QUANTITY	6 / claim	
02/01/2025	TEMOVATE	<i>clobetasol propionate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	TEMOVATE	<i>clobetasol propionate</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
02/01/2025	TEMOVATE	<i>clobetasol propionate</i>	REMOVE UM: DRUGCLASS	TOPICAL STEROIDS – VERY HIGH POTENCY	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothi azide</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothi azide</i>	REMOVE UM: PANAME	Clinical PA	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothi azide</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothi azide</i>	REMOVE UM: DRUGCLASS	DIRECT RENIN INHIBITORS	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothi azide</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothi azide</i>	REMOVE UM: PANAME	Clinical PA	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothi azide</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothi azide</i>	REMOVE UM: DRUGCLASS	DIRECT RENIN INHIBITORS	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothi azide</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
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	REMOVE UM: PANAME	Clinical PA	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	REMOVE UM: DRUGCLASS	DIRECT RENIN INHIBITORS	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	REMOVE UM: PANAME	Clinical PA	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	REMOVE UM: F11	Maintenance Medication	
02/01/2025	TEKTURNA HCT	<i>aliskiren hemifumarate/hydrochlorothiazide</i>	REMOVE UM: DRUGCLASS	DIRECT RENIN INHIBITORS	
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	CRESTOR	<i>rosuvastatin calcium</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
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/01/2025	CRESTOR	<i>rosuvastatin calcium</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
02/01/2025	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>adapalene</i>	<i>adapalene</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
02/01/2025	<i>adapalene</i>	<i>adapalene</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>adapalene</i>	<i>adapalene</i>	REMOVE UM: QUANTITY	45 / 30 days	
02/01/2025	<i>base, pcca polypeg</i>	<i>wax base no.116</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>coenzyme q-10,coenzyme q10,ubidecarenone</i>	<i>ubidecarenone</i>	REMOVE FROM FORMULARY		Non-Formulary
02/01/2025	<i>coenzyme q-10,coenzyme q10,ubidecarenone</i>	<i>ubidecarenone</i>	REMOVE UM: NTKW		
02/01/2025	<i>creatine monohydrate</i>	<i>creatine monohydrate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/01/2025	<i>creatine monohydrate</i>	<i>creatine monohydrate</i>	REMOVE UM: NTKW		
02/01/2025	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>hemorrhoidal hc,hydrocortisone acetate</i>	<i>hydrocortisone acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/01/2025	<i>hemorrhoidal hc,hydrocortisone acetate</i>	<i>hydrocortisone acetate</i>	REMOVE UM: NTKW		
02/01/2025	<i>l-citrulline</i>	<i>citrulline</i>	REMOVE FROM FORMULARY		Non-Formulary
02/01/2025	<i>l-citrulline</i>	<i>citrulline</i>	REMOVE UM: NTKW		

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	<i>l-citrulline</i>	<i>citrulline</i>	REMOVE FROM FORMULARY		Non-Formulary
02/01/2025	<i>l-citrulline</i>	<i>citrulline</i>	REMOVE UM: NTKW		
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	REMOVE UM: NTKW	Less Restrictive Formulary	
02/01/2025	<i>pcca polyglycol troche base</i>	<i>polyethylene glycol 1450</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
02/01/2025	<i>pcca polyglycol troche base</i>	<i>polyethylene glycol 1450</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	<i>l-ornithine hcl, ornithine (l) hcl</i>	<i>ornithine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/01/2025	<i>l-ornithine hcl, ornithine (l) hcl</i>	<i>ornithine hcl</i>	REMOVE UM: NTWK		
02/01/2025	<i>pcca base anhydrous</i>	<i>mineral oil, light/petrolatum, white/cetyl alc/stearyl alc</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	<i>pcca vanishing base</i>	<i>cream base no.29</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
02/01/2025	<i>pcca vanishing base</i>	<i>cream base no.29</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	<i>penderm</i>	<i>cream base no.34</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
02/01/2025	<i>penderm</i>	<i>cream base no.34</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	RENO CAPS	<i>vitamin b complex and vitamin c no.20/folic acid</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	RENO CAPS	<i>vitamin b complex and vitamin c no.20/folic acid</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	<i>sodium benzoate</i>	<i>sodium benzoate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/01/2025	<i>sodium benzoate</i>	<i>sodium benzoate</i>	REMOVE UM: NTWK		
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</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
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	SYNTHROID	<i>levothyroxine sodium</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	<i>vitamin d,vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/01/2025	<i>vitamin d,vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE UM: NTWK	Less Restrictive Formulary	
02/01/2025	PROMETHEGAN	<i>promethazine hcl</i>	ADD TO FORMULARY		Non PDL
02/01/2025	PROMETHEGAN	<i>promethazine hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/01/2025	PROMETHEGAN	<i>promethazine hcl</i>	ADD UM: AGE		2.0 to 64.0 yrs old

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2025	<i>miconazole-zinc oxide-petroltm</i>	<i>miconazole nitrate/zinc oxide/petrolatum, white</i>	ADD UM: AGE		Up to 16 yrs old
02/01/2025	BREO ELLIPTA	<i>fluticasone furoate/vilanterol trifenate</i>	ADD UM: AGE		Up to 11 yrs old
02/01/2025	<i>oxycodone-acetaminophen</i>	<i>oxycodone hcl/acetaminophen</i>	ADD TO FORMULARY		Preferred
02/01/2025	<i>oxycodone-acetaminophen</i>	<i>oxycodone hcl/acetaminophen</i>	ADD UM: DRUGCLASS		OPIOIDS – SHORT AND INTERMEDIATE ACTING
02/01/2025	<i>oxycodone-acetaminophen</i>	<i>oxycodone hcl/acetaminophen</i>	ADD UM: CUSTOM		Revised Cumulative to 90 MME Effective 7/1/2021
02/01/2025	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: DRUGCLASS		BIOLOGICS
02/01/2025	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		Clinical PA
02/01/2025	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	<i>adalimumab-aacf(cf) pen crohns</i>	<i>adalimumab-aacf</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	<i>adalimumab-aacf(cf) pen crohns</i>	<i>adalimumab-aacf</i>	ADD UM: DRUGCLASS		BIOLOGICS
02/01/2025	<i>adalimumab-aacf(cf) pen crohns</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
02/01/2025	<i>adalimumab-aacf(cf) pen crohns</i>	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	<i>adalimumab-aacf(cf) pen ps-uv</i>	<i>adalimumab-aacf</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	<i>adalimumab-aacf(cf) pen ps-uv</i>	<i>adalimumab-aacf</i>	ADD UM: DRUGCLASS		BIOLOGICS
02/01/2025	<i>adalimumab-aacf(cf) pen ps-uv</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		Clinical PA
02/01/2025	<i>adalimumab-aacf(cf) pen ps-uv</i>	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
02/01/2025	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
02/01/2025	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
02/01/2025	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
02/01/2025	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
02/01/2025	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: CUSTOM		CARVE OUT – BILL MDCH FFS
02/01/2025	LASTACAFT ONCE DAILY RELIEF	<i>alcaftadine</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
02/01/2025	LASTACAFT ONCE DAILY RELIEF	<i>alcaftadine</i>	ADD UM: DRUGCLASS		OPHTHALMIC ANTIHISTAMINE S
02/01/2025	LASTACAFT ONCE DAILY RELIEF	<i>alcaftadine</i>	ADD UM: PANAME		Non Preferred PA
02/01/2025	<i>adalimumab- adaz(cf) pen</i>	<i>adalimumab-adaz</i>	ADD TO FORMULARY		Non-Preferred
02/01/2025	<i>adalimumab- adaz(cf) pen</i>	<i>adalimumab-adaz</i>	ADD UM: DRUGCLASS		BIOLOGICS
02/01/2025	<i>adalimumab- adaz(cf) pen</i>	<i>adalimumab-adaz</i>	ADD UM: PANAME		Clinical PA
02/01/2025	<i>adalimumab- adaz(cf) pen</i>	<i>adalimumab-adaz</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
02/01/2025	<i>adalimumab- adaz(cf) pen</i>	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2025	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
02/01/2025	<i>vitamin d,vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
02/01/2025	<i>vitamin d,vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
02/01/2025	<i>vitamin d,vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	REMOVE FROM FORMULARY	Non PDL	Non-Formulary
02/27/2025	GABARONE	<i>gabapentin</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
02/27/2025	GABARONE	<i>gabapentin</i>	REMOVE FROM FORMULARY	Preferred	Non-Formulary
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	CHANGE TIER	Preferred	Non PDL
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD UM: AGE		Up to 64 yrs old
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	REMOVE UM: DRUGCLASS	ANTI-ANXIETY - GENERAL	
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	CHANGE TIER	Preferred	Non PDL
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD UM: AGE		Up to 64 yrs old
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	REMOVE UM: DRUGCLASS	ANTI-ANXIETY - GENERAL	
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	CHANGE TIER	Preferred	Non PDL
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD UM: AGE		Up to 64 yrs old
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	REMOVE UM: DRUGCLASS	ANTI-ANXIETY - GENERAL	
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY	Non-Formulary	Non PDL
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD UM: AGE		Up to 12 yrs old
02/28/2025	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	REMOVE UM: DRUGCLASS	ANTI-ANXIETY - GENERAL	
02/28/2025	VISTARIL	<i>hydroxyzine pamoate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/28/2025	VISTARIL	<i>hydroxyzine pamoate</i>	REMOVE UM: PANAME	Non Preferred PA	
02/28/2025	VISTARIL	<i>hydroxyzine pamoate</i>	REMOVE UM: DRUGCLASS	ANTI-ANXIETY - GENERAL	
02/28/2025	VISTARIL	<i>hydroxyzine pamoate</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/28/2025	VISTARIL	<i>hydroxyzine pamoate</i>	REMOVE UM: PANAME	Non Preferred PA	
02/28/2025	VISTARIL	<i>hydroxyzine pamoate</i>	REMOVE UM: DRUGCLASS	ANTI-ANXIETY - GENERAL	

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2025	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	CHANGE TIER	Preferred	Non PDL
02/28/2025	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	ADD UM: AGE		Up to 64 yrs old
02/28/2025	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	REMOVE UM: DRUGCLASS	ANTI-ANXIETY - GENERAL	
02/28/2025	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	CHANGE TIER	Preferred	Non PDL
02/28/2025	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	ADD UM: AGE		Up to 64 yrs old
02/28/2025	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	REMOVE UM: DRUGCLASS	ANTI-ANXIETY - GENERAL	
02/28/2025	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	CHANGE TIER	Preferred	Non PDL
02/28/2025	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	ADD UM: AGE		Up to 64 yrs old
02/28/2025	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	REMOVE UM: DRUGCLASS	ANTI-ANXIETY - GENERAL	
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE UM: PANAME	Non Preferred PA	
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE UM: PANAME	Non Preferred PA	
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE UM: F11	Maintenance Medication	
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE UM: PANAME	Non Preferred PA	
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE UM: F11	Maintenance Medication	
02/28/2025	CORGARD	<i>nadolol</i>	REMOVE UM: DRUGCLASS	BETA BLOCKERS	

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UPHP MEDICAID FORMULARY Updates

March, 2025

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2025	<i>metronidazole</i>	<i>metronidazole</i>	ADD TO FORMULARY		Non-Preferred
03/01/2025	<i>metronidazole</i>	<i>metronidazole</i>	ADD UM: DRUGCLASS		GASTROINTESTINAL ANTIBIOTICS
03/01/2025	<i>metronidazole</i>	<i>metronidazole</i>	ADD UM: PANAME		Non Preferred PA
03/01/2025	SLO-NIACIN	<i>niacin</i>	CHANGE TIER	Non-Preferred	Preferred
03/01/2025	SLO-NIACIN	<i>niacin</i>	ADD UM: FI1		Maintenance Medication
03/01/2025	SLO-NIACIN	<i>niacin</i>	REMOVE UM: PANAME	Non Preferred PA	
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD TO FORMULARY		Non-Preferred
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: DRUGCLASS		BIOLOGICS
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: PANAME		Clinical PA
03/01/2025	SIMLANDI(CF)	<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
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD TO FORMULARY		Non-Preferred
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: DRUGCLASS		BIOLOGICS
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</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
03/01/2025	SIMLANDI(CF)	<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
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD TO FORMULARY		Non-Preferred
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: DRUGCLASS		BIOLOGICS
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: PANAME		Clinical PA
03/01/2025	SIMLANDI(CF)	<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
03/01/2025	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
03/01/2025	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Non-Preferred
03/01/2025	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: DRUGCLASS		ORAL HYPOGLYCEMI CS – BIGUANIDES
03/01/2025	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		Non Preferred PA
03/01/2025	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Maintenance Medication
03/01/2025	ROXYBOND	<i>oxycodone hcl</i>	ADD TO FORMULARY		Non-Preferred
03/01/2025	ROXYBOND	<i>oxycodone hcl</i>	ADD UM: QUANTITY		90 / 30 days

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UPHP MEDICAID FORMULARY Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2025	ROXYBOND	<i>oxycodone hcl</i>	ADD UM: DRUGCLASS		OPIOIDS – SHORT AND INTERMEDIATE ACTING
03/01/2025	ROXYBOND	<i>oxycodone hcl</i>	ADD UM: PANAME		Clinical PA
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMICS – COMBINATIONS	
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMICS – COMBINATIONS	
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</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
03/10/2025	KOMBIGLYZE XR	<i>saxagliptin hcl/metformin hcl</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMICS – COMBINATIONS	
03/10/2025	ONGLYZA	<i>saxagliptin hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	ONGLYZA	<i>saxagliptin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	ONGLYZA	<i>saxagliptin hcl</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	ONGLYZA	<i>saxagliptin hcl</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	ONGLYZA	<i>saxagliptin hcl</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	ONGLYZA	<i>saxagliptin hcl</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	ONGLYZA	<i>saxagliptin hcl</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMICS – DPP4 INHIBITORS	
03/10/2025	STALEVO 50	<i>carbidopa/levodopa/entacapone</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	STALEVO 50	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	STALEVO 50	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	STALEVO 50	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - OTHER	
03/10/2025	STALEVO 100	<i>carbidopa/levodopa/entacapone</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	STALEVO 100	<i>carbidopa/levodopa/entacapone</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
03/10/2025	STALEVO 100	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	STALEVO 100	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - OTHER	
03/10/2025	STALEVO 150	<i>carbidopa/levodopa/entacapone</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	STALEVO 150	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	STALEVO 150	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	STALEVO 150	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - OTHER	
03/10/2025	STALEVO 200	<i>carbidopa/levodopa/entacapone</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	STALEVO 200	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	STALEVO 200	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	STALEVO 75	<i>carbidopa/levodopa/entacapone</i>	REMOVE FROM FORMULARY	Non-Preferred	Non-Formulary
03/10/2025	STALEVO 75	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	STALEVO 75	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	STALEVO 75	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - OTHER	
03/10/2025	STALEVO 125	<i>carbidopa/levodopa/entacapone</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
03/10/2025	STALEVO 125	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: PANAME	Non Preferred PA	
03/10/2025	STALEVO 125	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: F11	Maintenance Medication	
03/10/2025	STALEVO 125	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - OTHER	
03/10/2025	ONGLYZA	<i>saxagliptin hcl</i>	REMOVE UM: DRUGCLASS	ORAL HYPOGLYCEMICS – DPP4 INHIBITORS	
03/10/2025	STALEVO 200	<i>carbidopa/levodopa/entacapone</i>	REMOVE UM: DRUGCLASS	ANTIPARKINSON'S AGENTS - OTHER	

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