



ALLIANT PRECISION FORMULARY CHANGES

The chart in the following pages indicates the Alliant Precision Formulary updates. This document is updated regularly.

Definitions	Description
EFFECTIVE DATE	Date the change will take effect
TYPE OF CHANGE	Change that will be taking place. Please check list below for definitions
PREVIOUS VALUE	Formulary status prior to the effective date of change
NEW VALUE	Specifics of the change made
ADD TO FORMULARY	Drug is being added to formulary; this is the first time the drug is ever being coded
ADD UM: AGE	Age Limit Added
ADD UM: B4G	Brand for Generic Flag Added
ADD UM: BSP	Benefit Shift Program ADDED
ADD UM: COV	Either an FDAM or Non-Formulary flag was added to the medication
ADD UM: CUSTOM	Custom messaging added; This is usually referring to specifics surrounding HCR or other set ups that cannot easily be accounted for with a single flag
ADD UM: DRUGCLASS	Specific Drug Class flag added to medication
ADD UM: GENDER	Gender Limit ADDED
ADD UM: HCG	High-Cost Generic ADDED
ADD UM: MAXQTYPERDAY	Quantity Limit (Qty Limit Per Day) added
ADD UM: MED	Medical Drug Flag Added
ADD UM: MVB	Minimal Value Brand ADDED
ADD UM: MVG	Minimal Value Generic ADDED
ADD UM: NFDA	Non-FDA Approved flag ADDED
ADD UM: NTI	Narrow Therapeutic Index flag added to medication
ADD UM: PANAME	Prior Authorization ADDED
ADD UM: PR	Preventative Drug Flag ADDED
ADD UM: PS	Drug had Preferred Specialty Flag ADDED
ADD UM: QPBU	Add HCR Flag
ADD UM: QUANTITY	Quantity Limit ADDED
ADD UM: SBA	Select Brand Alternative flag ADDED
ADD UM: SDS	Extended Specialty Day Supply flag added
ADD UM: SPECIALTY	Specialty flag is being added to the medication
ADD UM: STEP	Step Therapy ADDED
CHANGE TIER	Tier Changed

Definitions	Description
CHANGE UM: AGE	Age Limit Added or Changed from Previous Age Limit
CHANGE UM: BSP	Benefit Shift Program CHANGED
CHANGE UM: COV	Coverage Flag was Added (either FDA Moratorium or Non Formulary)
CHANGE UM: DRUGCLASS	Specific Drug Class flag changed to a different drug class
CHANGE UM: LCG	Low Cost Generic Flag Added
CHANGE UM: MAXQTYPERDAY	Quantity Limit (Qty Limit Per Day) added
CHANGE UM: MED	Medical Drug Flag Added
CHANGE UM: PANAME	Prior Authorization ADDED
CHANGE UM: PR	Preventative Medication flag CHANGED
CHANGE UM: SPECIALTY	Specialty flag is being added to the medication
REMOVE FROM FORMULARY	Tier was Removed from Formulary
REMOVE UM: AGE	Age Limit REMOVED
REMOVE UM: B4G	Brand for Generic Flag REMOVED
REMOVE UM: BSP	Benefit Shift Program REMOVED
REMOVE UM: COV	FDA moratorium or Non-Formulary flag being REMOVED from product
REMOVE UM: CUSTOM	Custom messaging REMOVED; This is usually referring to specifics surrounding HCR or other set ups that cannot easily be accounted for with a single flag
REMOVE UM: DRUGCLASS	Specific Drug Class flag removed
REMOVE UM: MAXQTYPERDAY	Quantity Limit (Qty Limit Per Day) REMOVED
REMOVE UM: MED	Medical Drug Flag Removed
REMOVE UM: MVB	Minimal Value Brand REMOVED
REMOVE UM: MVG	Minimal Value Generic REMOVED
REMOVE UM: PANAME	Prior Authorization REMOVED
REMOVE UM: PR	Preventative Medication flag REMOVED
REMOVE UM: PS	Drug had Preferred Specialty Flag REMOVED
REMOVE UM: QPBU	Remove HCR Flag
REMOVE UM: QUANTITY	Quantity Limit REMOVED
REMOVE UM: SBA	Select Brand Alternative flag ADDED
REMOVE UM: STEP	Step Therapy REMOVED

Alliant Net Results Formulary 2024 Updates

December, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/14/2023	<i>abecma, abiraterone acetate, abraxane, abrilada(cf), abrilada(cf) pen, actemra, actemra actpen, acthar, actimmune, adakveo, adalimumab-adaz(cf), adalimumab-adaz(cf) pen, adalimumab-adbm(cf), adalimumab-adbm(cf) pen, adalimumab-crohns, adalimumab-adbm(cf) pen ps-uv, adalimumab-adbm(cf) pen, adalimumab-fkjp(cf), adalimumab-fkjp(cf) pen, adbry, adcetris, adcirca, adempas, adriamycin, adstiladrin, aduhelm, advate, adynovate, afinitor, afinitor disperz, afstyla, aldurazyme, alecensa, alferon n, alimta, aliqopa, alkera, alkindi</i>	<i>abaloparatide, abatacept, abatacept/maltose, abemaciclib, abiraterone acetate, abiraterone acetate, submicronized, abobotulinum toxin, abrocitinib, acalabrutinib, acalabrutinib maleate, adagrasib, adalimumab, adalimumab-aac, adalimumab-aaty, adalimumab-adaz, adalimumab-adbm, adalimumab-afzb, adalimumab-aqvh, adalimumab-atto, adalimumab-bwwd, adalimumab-fkjp, adotrastuzumab emtansine, aducanumab-avwa, afamelanotide acetate, afatinib dimaleate, aflibercept, agalsidase beta, aldesleukin, alectinib hcl, alemtuzumab, alglucosidase alfa, alpelisib, alpha-1-proteinase inhibitor, amantadine hcl, ambrisentan, amifampridine, amifampridine phosphate, amikacin sulfate liposomal with nebulizer accessories, amivantamab-vmjw, anakinra, anifrolumab-fnia, anti-inhibitor coagulant</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

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	<i>sprinkle,alphanat e,alphanine sd,alprolix,altuviii o,alunbrig,alymys s,alyq,ambrisenta n,amjevita(cf),amjevita(cf) autoinjector,amondys-45,ampyra,amvutra,apokyn,apomorphine hcl,apretude,aralast np,aranesp,arcalyst,arikayce,arranon,arsenic trioxide,arzerra,asceniv,asparlas,abubagio,austedo,austedo 12mg start titr(wk1-4),austedo xr,austedo xr titration kt(wk1-4),avastin,avonex ,avonex pen,avsola,ayvak it,azacitidine,bafiertam,balversa,bavencio,beleodaq ,belrapzo,bendamustine hcl,bendeka,benefix,benlysta,beovu,berinert,besponsa,besremi,betaine anhydrous,betas</i>	<i>complex,antihemophilic factor (factor viii) recomb,b-domain deleted,antihemophilic factor (fviii) rec, b-dom truncated peg-exei,antihemophilic factor (fviii) rec, b-domain deleted peg-aucl,antihemophilic factor (fviii) recombinant, fc fusion protein,antihemophilic factor (fviii) recombinant, full length, peg,antihemophilic factor (fviii) recombinant,full length,antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl,antihemophilic factor viii rec hek cell, b-domain deleted,antihemophilic factor viii recomb,single-chn,b-dom truncated,antihemophilic factor viii recombinant, b-domain truncated,antihemophilic factor viii, human recombinant,antihemophilic factor viii, recombinant porcine sequence,antihemophilic factor, human,antihemophilic factor, human/von willebrand factor,human,antithrombin iii (human plasma derived),apalutamide,apomorphine hcl,apremilast,arsenic trioxide,asciminib hydrochloride,asfotase</i>			

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	eron, bethkis, bexa rotene, beyfortus, bicalutamide, bicon u, bivigam, blenrep , blincyto, bortezo mib, bosentan, bos ulif, botox, braftovi, breyanzi, brineura , briumvi, brixadi, br onchitol, brukinsa, buphenyl, bylvay, byooviz, cabenuv a, cablivi, cabomet yx, calquence, ca mcevi, camzyos, c apecitabine, capre lsa, carbaglu, cargl umic acid, carmustine, c arvykti, casodex, c ayston, cerdelga, c erezyme, cetrotreli x acetate, cetrotide, chenodal, cholba m, chorionic gonadotropin, cibi nqo, cimerli, cimzia , cinacalcet hcl, cinqair, cinryz e, cladribine, clofar abine, clolar, coag adex, columvi, co metriq, copaxone, copiktra, corifact, c ortrophin, cosela, c osentyx, cosentyx (2 syringes), cosenty	alfa, asparaginase erwinia chrysanthemii (recombinant)- rywn, atezolizumab, avacopa n, avalglucosidase alfa- ngpt, avapritinib, avatrombop ag maleate, avelumab, axicabtag ene ciloleucel, axitinib, azacitidine , aztreonam lysine, baricitinib, bedaquiline fumarate, belantamab mafodotin- blmf, belatacept, belimumab, belinostat, belumosudil mesylate, belzutifan, bendam ustine hcl, benralizumab, beremage ne geperpavec- svdt, berotralstat hydrochloride, betaine, betibe glogene autotemcel, bevacizumab, be vacizumab- adcd, bevacizumab- awwb, bevacizumab- bvzr, bevacizumab- maly, bexarotene, bicalutamid e, bimatoprost, binimetinib, bli natumomab, bortezomib, bos entan, bosutinib, bremelanoti de acetate, brentuximab vedotin, brexucabtagene autoleucel, brigatinib, brodal mab, brolocizumab- dbll, buprenorphine, burosum ab-twza, busulfan, c1 esterase inhibitor, c1 esterase inhibitor,			

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Alliant Net Results Formulary 2024 Updates

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	x sensoready (2 pens), cosentyx sensoready pen, cosentyx syringe, cosentyx unoready pen, cosmegen, cotellic, crysvita, cuprimine, cutaquig, cutivru, cuvrior, cyclophosphamide, cyltezo(cf), cyltezo(cf) pen, cyltezo(cf) pen crohn's-uc-hs, cyltezo(cf) pen psoriasis-uv, cyramza, cystadane, cystadrops, cystagon, cystaran, dacogen, dactinomycin, dalfampri dine er, danyelza, darzalex, darzalex faspro, daunorubicin hcl, daurismo, daxeify, daybue, decitabine, deferasirox, deferiprone, deferiprone (3 times a day), depen, diacomit, dimethyl fumarate, docetaxel, dojolvi, doptelet, doxil, doxorubicin hcl, doxorubicin hcl liposome, droxia, d	recombinant, cabazitaxel, cabotegravir, cabotegravir/rilpivirine, cabozantinib s-malate, calaspargase pegol-mknl, canakinumab/pf, cannabidiol (cbd), capecitabine, caplacizumab-yhdp, capmatinib hydrochloride, capsaicin/skin cleanser, carfilzomib, carglumic acid, carmustine, casimersen, cenegermin-bkbj, ceritinib, cerliponase alfa, certolizumab pegol, cetorelix acetate, cetuximab, chenodiol, chlorambucil, cholic acid, choriogonadotropin alfa, chorionic gonadotropin, human, ciltacabtagene autoleu cel, cinacalcet hcl, cladribine, clofarabine, coagulation factor viia (recombinant), coagulation factor viia recombinant-jncw, coagulation factor x, cobimetinib fumarate, collagenase clostridium histolyticum, copanlisib di-hcl, corticotropin, crizanlizumab-tmca, crizotinib, cyclophosphamide, cysteamine bitartrate, cysteamine hcl, dabrafenib mesylate, dacomitinib, dactinomycin, dalfampridine, daratu			

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	roxidopa, dupixent pen, dupixent syringe, durysta, d ysport, egrifta sv, elahere, elaprase, elelyso, elevidy s, elfabrio, eligard, elitek, eloctate, emcyt, emflaza, empaveli, empliciti, enbrel, enbrel mini, enbrel sureclick, endari, enhertu, enjaymo, enspryng, entyvio, entyvio pen, epclusa, epidiolex, epkinly, epogen, epoprostenol sodium, erbitux, erivedge, erleada, erlotinib hcl, esbriet, esperoct, etoposide, elexin, evenity, evenity (2 syringes), everolimus, evkeeza, evrysdi, exjade, exkivity, exondys-51, exservan, extavia, eylea, eyleahd, fabrazyme, farjeston, fasanra, fasenra pen, faslodex, feiba, fensolvi, ferriprox, ferriprox (2 times a	mumab, daratumumab-hyaluronidase-fihj, darbepoetin alfa in polysorbate 80, darolutamide, dasatinib, daunorubicin hcl, daunorubicin/cytarabine liposomal, daxibotulinum toxin a-lanm, decitabine, decitabine/c edazuridine, deferasirox, deferiprone, deflazacort, degarelix acetate, delandistrogene moxeparvovec-rokl, denosumab, deucravacitinib, deutetrabenazine, dimethyl fumarate, dinutuximab, diroximel fumarate, docetaxel, dornase alfa, dostarlimab-gxly, doxorubicin hcl, doxorubicin hcl pegylated liposomal, droxidopa, dupilumab, durvalumab, duvelisib, ecallantide, eculizumab, edaravone, efgartigimod alfa-fcab, efgartigimod alfa-hyaluronidase-qvfc, eflapegrastim-xnst, elacestrant hcl, elapegademase-lvlr, elbasvir/grazoprevir, elexacaftor/tezacaftor/ivacaftor, eliglustat tartrate, elivaldogene autotemcel, elosulfase alfa, elotuzumab, eltrombopag olamine, emapalumab-			

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	day), ferriprox (3 times a day), fibryga, filspari, fingolimod, fintepla, firazyr, firdaps e, firmagon, flebogamma dif, flolan, flutamid e, follistim aq, folotyn, forteo, f otivda, fulphila, fulvestrant, furoscix, f uzeon, fyarro, fyln etra, fyremadel, ga lafold, gamastan, g amifant, gammag ard liquid, gammagar d s- d, gammaked, ga mmplex, gamun ex-c, ganirelix acetate, gattex, ga vreto, gazyva, gefit inib, genotropin, gil enya, gilotrif, givla ari, glassia, glatira mer acetate, glatopa, gl eevec, gleostine, g ocovri, gonal- f, gonal-f rff, gonal- f rff redi- ject, granix, hadlim a, hadlima pushtouch, hadlim a(cf), hadlima(cf) pushtouch, haega rda, halaven, harv	lzsg, emicizumab- kxwh, enasidenib mesylate, encorafenib, enfort umab vedotin- ejfv, enfuvirtide, entrectinib, en zalutamide, epcoritamab- bysp, epoetin alfa, epoetin alfa-epbx, epoprostenol sodium, epoprostenol sodium (glycine), eptinezumab- jjmr, erdafitinib, eribulin mesylate, erlotinib hcl, esketamine hcl, estramustine phosphate sodium, etanercept, eteplirsen, etoposide, etranacogene dezaparvovec- drlb, everolimus, evinacumab -dgnb, factor ix, factor ix (human) recombinant, pegylated, factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor, factor ix human recombinant, factor ix human recombinant, threonine 148, factor ix recombinant, fc fusion protein, factor ix recombinant, albumin fusion protein, factor xiii, factor xiii a-subunit, recombinant, fam- trastuzumab deruxtecan- nxki, faricimab-svoa, fecal microbiota spores, live- brpk, fecal microbiota, live- jslm, fedratinib dihydrochloride, fenfluramine hcl, fibrinogen, filgrastim, filgra			

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	<i>oni, hemgenix, hemlibra, hemofil m, herceptin, herceptin</i>	<i>stim-aafi, filgrastim-ayow, filgrastim-sndz, fingolimod hcl, fingolimod lauryl sulfate, fluocinolone acetonide, flutamide, follitropin alfa, recombinant, follitropin beta, recombinant, fosdenopterin</i>			
	<i>hylecta, herzuma, hetlioz, hetlioz lq, hizenra, hulio(cf), hulio(cf) pen, humate-p, humatrope, humira, humira pen, humira pen crohn's-uchs, humira pen psor-uveits-adoles, humira(cf), humira(cf) pediatric crohn's, humira(cf) pen, humira(cf) pen crohn's-uchs, humira(cf) pediatric uc, humira(cf) pen psor-uv-adoles, hycamtin, hydroxyprogesterone caproate, hydroxyurea, hyqvia, hyrimoz, hyrimoz pen, hyrimoz(cf), hyrimoz(cf) pediatric crohn's, hyrimoz(cf) pen, hyrimoz(cf) pen crohn-uc start, hyrimoz(cf) pen psoriasis, ibandro</i>	<i>hydrobromide, fostamatinib disodium, fulvestrant, furosemide, futibatinib, galsulfase, ganaxolone, ganirelix acetate, gefitinib, gilteritinib fumarate, givosiran sodium, glasdegib maleate, glatiramer acetate, glecaprevir/pibrentasvir, glofitamab-gxibm, glutamine, glycerol phenylbutyrate, golimumab, golodirsen, guselkumab, histrelin acetate, hydrocortisone, hydroxyprogesterone caproate, hydroxyurea, ibalizumab-uiyk, ibandronate sodium, ibrutinib, icatibant acetate, idecabtagene vicleucel, idelalisib, idursulfase, iloprost tromethamine, imatinib mesylate, imiglucerase, immunoglobulin, gamm(igg)/glycine/glycine/iga 0 to 50 mcg/ml, immune globulin, gamm(igg)/glycine/i</i>			

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	<i>nate</i> <i>sodium,ibrance,ic</i> <i>atibant,iclusig,ida</i> <i>cio(cf),idacio(cf)</i> <i>pen,idacio(cf)</i> <i>pen crohn's-</i> <i>uc,idacio(cf) pen</i> <i>psoriasis,idelvion,</i> <i>idhifa,ilaris,ilumya</i> <i>,iluvien,imatinib</i> <i>mesylate,imbruvi</i> <i>ca,imcivree,imfinz</i> <i>i,imjudo,inbrija,in</i> <i>crelex,inflectra,inf</i> <i>liximab,ingrezza,i</i> <i>ngrezza initiation</i> <i>pk(tardiv),inlyta,in</i> <i>qovi,inrebic,intron</i> <i>a,iressa,istodax,i</i> <i>sturisa,ixempira,ix</i> <i>inity,jadenu,jaden</i> <i>u</i> <i>sprinkle,jakafi,jav</i> <i>ygtor,jaypirca,jel</i> <i>myto,jemperli,jevt</i> <i>ana,jivi,joenja,juxt</i> <i>apid,jynarque,kad</i> <i>cyla,kalbitor,kalyd</i> <i>eco,kanjinti,kanu</i> <i>ma,kesimpta</i> <i>pen,kevzara,keytr</i> <i>uda,khazory,kim</i> <i>mtrak,kineret,kisq</i> <i>ali,kisqali femara</i> <i>co-pack,kitabis</i> <i>pak,koate,kogena</i> <i>te</i> <i>fs,korlym,koselug</i> <i>o,kovaltry,krazati,</i>	<i>ga greater than 50</i> <i>mcg/ml,immune</i> <i>globulin,gamm(igg)/maltose/</i> <i>iga greater than 50</i> <i>mcg/ml,immune</i> <i>globulin,gamm(igg)/sorbitol/</i> <i>glycin/iga 0 to 50</i> <i>mcg/ml,immune</i> <i>globulin,gamma (igg)-klhw</i> <i>human,immune</i> <i>globulin,gamma (igg)-slra</i> <i>human,immune</i> <i>globulin,gamma</i> <i>(igg)/glycine/iga 0 to 50</i> <i>mcg/ml,immune</i> <i>globulin,gamma</i> <i>(igg)/proline/iga 0 to 50</i> <i>mcg/ml,immune</i> <i>globulin,gamma</i> <i>(igg)/sorbitol/iga 0 to 50</i> <i>mcg/ml,immune</i> <i>globulin,gamma(igg)</i> <i>human/hyaluronidase,</i> <i>human recomb,immune</i> <i>globulin,gamma(igg)-hipp</i> <i>human/maltose,immune</i> <i>globulin,gamma(igg)-ifas</i> <i>human/glycine,immune</i> <i>globulin,gamma(igg)/glycine,</i> <i>immune</i> <i>globulin,gamma(igg)/glycine/</i> <i>iga average 46</i> <i>mcg/ml,incobotulinumtoxina,</i> <i>inebilizumab-</i> <i>cdon,infigratinib</i> <i>phosphate,infliximab,inflixim</i> <i>ab-abda,infliximab-</i> <i>axxq,infliximab-</i> <i>dyyb,inotersen</i>			

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	<i>krystexxa, kuvan, kymriah, kyprolis, lamzedo, lanreotide acetate, lapatinib, ledipasvir-sofosbuvir, lemtrada, lenalidomide, lenvima, leqembi, letairis, leukeran, leukine, leuprolide acetate, leuprolide depot, liqrev, litfulo, livmarli, livtencity, lonsurf, lorbre-na, lucentis, lumakras, lumizyme, lumryz, unsumio, lupkynis, lupron depot, lupron depot-ped, luxturna, lynparza, lysodren, lytgo, margenza, marqibo, matulane, mavenclad, mavyret, mayzent, mekinist, mektovi, melphalan, melphalan hcl, menopur, mepsevii, mercaptopurine, miglustat, mitomycin, mitomycin-sterile water, monjuvi, mononine, mozobil, mulpleta, mvasi, myalept, mycapssa, myleran, myobloc,</i>	<i>sodium, inotuzumab ozogamicin, interferon alfa-2b, recomb., interferon alfa-n3, interferon beta-1a, interferon beta-1a/albumin human, interferon beta-1b, interferon gamma-1b, recomb., ipilimumab, irinotecan liposomal, isatuximab-irfc, istradefylline, ivacaftor, ivosidenib, ixabepilone, ixazomib citrate, ixekizumab, lanadelumab-flyo, lanreotide acetate, lapatinib ditosylate, laronidase, larotrectinib sulfate, lecanemab-irmb, ledipasvir/sofosbuvir, lefamulin acetate, lenacapavir sodium, lenalidomide, leniolisib phosphate, lenvatinib mesylate, leuprolide acetate, leuprolide mesylate, levodopa, levoketone, conazole, levoleucovorin, lisocabtagene maraleucel, lomitapide mesylate, lomustine, lonafarnib, lonapegsomatropin-tcgd, loncastuximab tesirine-lpyl, lorlatinib, lumacaftor/ivacaftor, lumasiran sodium, lurbinectedin, luspatercept-aamt, lusutrombopag, macitentan, mannitol, maralixibat chloride, margetuximab-cmkb, maribavir, mavacamten, mecamlamine</i>			

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	naglazyme, natpara, nelarabine, nerlynx, neulasta, neulasta onpro, neupogen, nexavar, nexviazyme, ngenla, nilandron, nilutamide, ninaro, nipent, nitisonone, nityr, nivestym, norditropin flexpro, northera, nousarianz, novarel, novoeight, novoseven, nplate, nubeqa, nucala, nulibry, nulojix, nuplazid, nutropin aq nuspin, nuwiq, nuzyra, nyvepria, obizur, ocaliva, ocrevus, octagam, octreotide acetate, odomzo, ofev, ogivri, ojjaara, olumiant, omisirge, omnitrope, oncaspar, onivyde, onpatro, ontruzant, onureg, opdivo, opducalag, opsumit, orencia, orenitra clickject, orenitram month 1 titration kt, orenitram month 2 titration kt, orenitram	hcl, mecasermin, mechlorethamine hcl, melphalan, melphalan hcl, menotropins, mepolizumab, mercaptopurine, metreleptin, midostaurin, mifepristone, migalastat hcl, miglustat, mirvetuximab soravtansine-gynx, mitapivat sulfate, mitomycin, mitotane, mobocertinib succinate, mogamulizumab-kpkc, momelotinib dihydrochloride, monomethyl fumarate, mosunetuzumab-axgb, nadofaragene firadenovec-vncg, nafarelin acetate, naltrexone microspheres, natalizumab, naxitamab-gqqk, necitumumab, nelarabine, neratinib maleate, nilotinib hcl, nilutamide, nintedanib esylate, niraparib tosylate, nirsevimab-alip, nitisonone, nivolumab, nivolumab-relatlimab-rmbw, nusinersen sodium/pf, obeticholic acid, obinutuzumab, ocrelizumab, octreotide acetate, octreotide acetate, microspheres, ocular implant with insertion tool for ranibizumab, odevixibat, ofatumumab, olaparib, olipudase alfa-rpcp, olutasidenib, omacetaxine			

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	<i>month 3 titration kt, orfadin, orgovyx , orkambi, orladey o, orserdu, otezla, ovidrel, oxbryta, ox ervate, oxlumo, pa clitaxel protein- bound, padcev, pal forzia, palynziq, pa nzyga, pedmark, p egasys, pemazyre , pemetrexed, pem etrexed disodium, pemfex y, penicillamine, p erjeta, pheburane, phesgo, photofrin, piqray, pirfenidon e, plegridy, plegrid y pen, plerixafor, poli vy, pomalyst, ponv ory, portrazza, pot eligeo, pralatrexat e, pregnyl, privigen , procrit, procysbi, p rofilnine, prolantin c, proleukin, prolia, promacta, proven ge, pulmozyme, pu rixan, pyrukynd, qa lsody, qinlock, qut enza, radicava, ra dicava ors, ravicti, rebif, re bif rebidose, rebinyon, reblozyl, rebyota, r eclast, recombinat </i>	<i>mepesuccinate, omadacyclin e tosylate, omalizumab, omavel oxolone, ombitasvir/paritapre vir/ritonavir/dasabuvir sodium, omidubicel- onlv, onabotulinumtoxinA, ona semnogene abeparvovec- xioi, osilodrostat phosphate, osimertinib mesylate, ozanimod hydrochloride, paclitaxel protein-bound, pacritinib citrate, palbociclib, palivizuma b, panitumumab, parathyroid hormone, pasireotide diaspartate, pasireotide pamoate, patisiran sodium, lipid complex, pazopanib hcl, peanut allergen powder- dnfp, pegaspargase, pegceta coplan, pegcetacoplan/pf, pe gfilgrastim, pegfilgrastim- apgf, pegfilgrastim- bmez, pegfilgrastim- cbqv, pegfilgrastim- fpgk, pegfilgrastim- jmdb, pegfilgrastim- pbbk, peginterferon alfa- 2a, peginterferon beta- 1a, pegloticase, pegunigalsid ase alfa-iwxj, pegvaliase- ppqz, pegvisomant, pembroliz umab, pemetrexed, pemetrex ed disodium, pemigatinib, penicill amine, pentostatin, pertuzum ab, pertuzumab- trastuzumab-hyaluronidase- </i>			

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	e, recorlev, releuko, relyvrio, remicade, remodulin, renflaxis, retacrit, retevmo, revatio, revcovi, revlimid, rezlidhia, rezurock, riabni, riastap, ribavirin, rilutek, riluzole, rinvoq, rituxan, rituxanhycela, rixubis, roctavian, rovedon, romidepsin, rozlytrek, rubraca, rucost, ruxience, ruzurgi, rybrevant, rydapt, rylaze, rylazim, rystiggo, sabril, saizen, saizen-saizenprep, sajazir, samsca, sandostatatin, sandostatinlar depot, saphnelo, sapropterin dihydrochloride, sarcclisa, scemblix, scencesse, sensipar, serostim, sevenfact, signifor, signiforlar, siklos, sildenafil citrate, siliq, simponi, simponiaria, sirturo, skyclarys, skyrizi, skyrizi (2 syringes) kit, skyrizi on-body, skyrizi	zzxf, pexidartinib hydrochloride, pimavanserin tartrate, pirfenidone, pirtobrutinib, pitolisant hcl, plasminogen, human-tvmh, plerixafor, polatuzumab vedotin-piiq, pomalidomide, ponatinib hcl, ponesimod, porfimer sodium, pralatrexate, pralsetinib, procarbazine hcl, quizartinib dihydrochloride, ramucirumab, ranibizumab, ranibizumab-eqrn, ranibizumab-nuna, ranibizumab/needle, initial fill, filter, rasburicase, ravulizumab-cwvz, regorafenib, relugolix, reslizumab, retifanlimab-dlwr, ribavirin, ribociclib succinate, ribociclib succinate/letrozole, rilonacept, riluzole, rimabotulinumtoxin b, riociguat, ripretinib, risankizumab-rzaa, risdiplam, ritlecitinib tosylate, rituximab, rituximab-abbs, rituximab-arrx, rituximab-pvvr, rituximab/hyaluronidase, human recombinant, romidepsin, romiplostim, romosozumab-aqqg, ropeginterferon alfa-2b-njft, rozanolixizumab-noli, rucaparib camsylate, ruxolitinib			

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	<i>pen, skysona, skyt rofa, sodium phenylbutyrate, sofosbuvir-velpatasvir, sogroya, soliris, somatulin</i>	<i>phosphate, sacituzumab govitecan-hziy, sacrosidase, sapropterin dihydrochloride, sargramostim, sarilumab, satralizumab-mwge, sebelipase alfa, secukinumab, selexipag, selinexor, selpercatinib, selumetinib sulfate/vitamin e tpgs, setmelanotide acetate, sildenafil citrate, siltuximab, siponimod, sipuleucel-t/lactated ringers solution, sirolimus protein-bound, sodium oxybate, sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate, sodium phenylbutyrate, sodium phenylbutyrate/taurursodiol, sodium thiosulfate, sofosbuvir, sofosbuvir/velpatasvir, sofosbuvir/velpatasvir/voxilaprevir, somapacitan-beco, somatrogonghla, somatropin, sonidegib phosphate, sorafenib tosylate, sotorasib, sparsentan, spesolimab-sbzo, stiripentol, streptozocin, sunitinib malate, sutimlimab-jome, tadalafil, tafamidis, tafamidis meglumine, tafasitamab-cxix, talazoparib tosylate, taliglucerase alfa, talquetamab-tgvs, tasimelteon, tazemetost</i>			

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	<i>ecartus, tecentriq, tecfidera, tecvayli, tegsedi, temodar, temozolomide, temsirolimus, tepezza, tepmetko, teriflunomide, teriparatid e, tetrabenazine, tezspire, thalomid, thrombate iii, tibsovo, tiglutik, tivdak, tobi, tobi podhaler, tobramycin, tolvaptan, toptecan hcl, toremifene citrate, torisel, tracleer, trazimera, trenda, trelstar, tremfya, treprostinil, trentinoin, tretien, trientine hcl, trikafta, triptodur, trisenox, trodelvy, trogarzo, truseltiq, truxima, tukysa, turalio, tykerb, tymlos, tysabri, tyvaso, tyvaso dpi, tyvaso institutional start kit, tyvaso refill kit, tyvaso starter kit, tziold, udenyca, udenyca autoinjector, ukoniq, ultomiris, unituxin, uplizna, uptravi, vabysmo, valchlor</i>	<i>at hydrobromide, tbofilgrastim, tebentafusp-tebn, teclistamab-cqyv, teduglutide, telotristat etiprate, temozolomide, temsirolimus, teplizumab-mzwv, tepotinib hcl, teprotumumab-trbw, teriflunomide, teriparatid e, tesamorelin acetate, tetrabenazine, tezacaftor/ivacaftor, tezepelumab-ekko, thalidomide, thioguanine, tildrakizumab-asmn, tisagenlecleucel, tisotumab vedotin-tftv, tivozanib hcl, tobramycin, tobramycin in 0.225 % sodium chloride, tobramycin/nebulizer, tocilizumab, tofacitinib citrate, tofersen, tolvaptan, toptecan hcl, toremifene citrate, trabectedin, tralokinumab-ldrm, trametinib dimethyl sulfoxide, trastuzumab, trastuzumab-anns, trastuzumab-dkst, trastuzumab-dttb, trastuzumab-hyaluronidase-oysk, trastuzumab-pkrb, trastuzumab-qyyp, tremelimumab-actl, treprostinil, treprostinil diolamine, treprostinil sodium, treprostinil/nebulizer accessories, treprostinil/nebulizer and accessories, tretinoin, trientin</i>			

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	, valrubicin, valstar , vanflyta, vecamyl , vectibix, vegzelm a, velcade, veletri, venclexta, venclex ta starting pack, ventavis, ver zenio, vidaza, vieki ra pak, vigabatrin, vig adrone, vijoice, vilt epso, vimizim, vist ogard, visudyne, vi trakvi, vivimusta, vi vitrol, vizimpro, vo njo, vonvendi, vos evi, votrient, vowst , voxzogo, vpriv, vu merity, vyepti, vyju vek, vyleesi, vynda max, vyndaqel, vy ondys- 53, vyvgart, vyvgar t hytrulo, vyxeos, w akix, welireg, wilat e, xalkori, xeljanz, x eljanz xr, xeloda, xembify , xenazine, xenleta , xenpozyme, xeo min, xermelo, xgev a, xiaflex, xolair, xo spata, xpovio, xtan di, xuriden, xyntha, xyntha solofuse, xyrem, x ywav, yervoy, yesc arta, yondelis, yon	e hcl, trientine tetrahydrochloride, trifluridine /tipiracil hcl, triheptanoin, trilaciclib dihydrochloride, triptorelin pamoate, trofinetide, tucatinib , ublituximab-xiyy, umbralisib tosylate, upadacitinib, uridine triacetate, ustekinumab, valbe nazine tosylate, valoctocogene roxaparvovec- rvox, valrubicin, vandetanib, v edolizumab, velaglycerase alfa, velmanase alfa- tycv, vemurafenib, venetoclax , verteporfin, vestronidase alfa- vjbk, vigabatrin, viltolarsen, vin cristine sulfate liposomal, vismodegib, voclos porin, von willebrand factor (recombinant), voretigene neparvovec- rzyl, vorinostat, vosoritide, vox elotor, vutrisiran sodium, zanubrutinib, ziv- aflibercept, zoledronic acid, zoledronic acid in mannitol and 0.9 % sodium chloride, zoledronic acid in mannitol and water for injection			

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	sa,yuflyma(cf),yuflyma(cf) autoinject (2 pck),yuflyma(cf) autoinjector,yusimry(cf) pen,zaltrap,zanosar,zarxio,zavesca,zejula,zelboraf,zemaira,zepatier,zeposia,zepzelca,ziextenzo,zirabev,zokinvy,zoledronic acid,zolgensma,zolinza,zomacton,ztalmy,zydelig,zykadia,zynlonta,zynteglo,zynyz,zytiga				
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: COV		Coverage Delay
12/15/2023	XALKORI	<i>crizotinib</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	XALKORI	<i>crizotinib</i>	ADD UM: COV		Coverage Delay
12/15/2023	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	VELSIPITY	<i>etrasimod arginine</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	VELSIPITY	<i>etrasimod arginine</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	VOQUEZNA	<i>vonoprazan fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: COV		Coverage Delay
12/15/2023	COXANTO	<i>oxaprozin</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	COXANTO	<i>oxaprozin</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	FRUZAQLA	<i>fruquintinib</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	FRUZAQLA	<i>fruquintinib</i>	ADD UM: COV		Coverage Delay
12/15/2023	TRUQAP	<i>capivasertib</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	TRUQAP	<i>capivasertib</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	<i>teriparatide</i>	<i>teriparatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/15/2023	<i>adalimumab-aacf(cf) pen</i>	<i>adalimumab-aacf</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	<i>adalimumab-aacf(cf) pen</i>	<i>adalimumab-aacf</i>	ADD UM: COV		Coverage Delay
12/15/2023	XALKORI	<i>crizotinib</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	XALKORI	<i>crizotinib</i>	ADD UM: COV		Coverage Delay
12/15/2023	XPHOZAH	<i>tenapanor hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	XPHOZAH	<i>tenapanor hcl</i>	ADD UM: COV		Coverage Delay
12/15/2023	TRUQAP	<i>capivasertib</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	TRUQAP	<i>capivasertib</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	ROZLYTREK	<i>entrectinib</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ROZLYTREK	<i>entrectinib</i>	ADD UM: COV		Coverage Delay
12/15/2023	VEVYE	<i>cyclosporine</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	VEVYE	<i>cyclosporine</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	VOQUEZNA	<i>vonoprazan fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZURZUVAE	<i>zuranolone</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZURZUVAE	<i>zuranolone</i>	ADD UM: COV		Coverage Delay
12/15/2023	FRUZAQLA	<i>fruquintinib</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	FRUZAQLA	<i>fruquintinib</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZURZUVAE	<i>zuranolone</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZURZUVAE	<i>zuranolone</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Coverage Delay
12/15/2023	ZURZUVAE	<i>zuranolone</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ZURZUVAE	<i>zuranolone</i>	ADD UM: COV		Coverage Delay
12/15/2023	ROZLYTREK	<i>entrectinib</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	ROZLYTREK	<i>entrectinib</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/15/2023	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: COV		Coverage Delay
12/15/2023	OPFOLDA	<i>miglustat</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	OPFOLDA	<i>miglustat</i>	ADD UM: COV		Coverage Delay
12/15/2023	OPFOLDA	<i>miglustat</i>	REMOVE FROM FORMULARY		Non-Formulary
12/15/2023	OPFOLDA	<i>miglustat</i>	ADD UM: COV		Coverage Delay
12/18/2023	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: QUANTITY		max 56 / 56 days
12/18/2023	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: SDS		Y
12/18/2023	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: QUANTITY		max 56 / 56 days
12/18/2023	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: SDS		Y
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
12/18/2023	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
12/18/2023	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
12/18/2023	XALKORI	<i>crizotinib</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/18/2023	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: CS		Core Specialty
12/18/2023	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: CS		Core Specialty
12/20/2023	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	REMOVE FROM FORMULARY		Non-Formulary
12/20/2023	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: COV		Coverage Delay
12/20/2023	YUFLYMA(CF) AI CROHN'S-UC-HS	<i>adalimumab-aaty</i>	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/20/2023	YUFLYMA(CF) AI CROHN'S-UC- HS	<i>adalimumab-aaty</i>	ADD UM: COV		Coverage Delay
12/26/2023	TRUQAP	<i>capivasertib</i>	ADD UM: MAXQTYPERDAY		2.29 per day
12/26/2023	TRUQAP	<i>capivasertib</i>	ADD UM: MAXQTYPERDAY		2.29 per day
12/26/2023	XALKORI	<i>crizotinib</i>	ADD UM: MAXQTYPERDAY		4.0 per day
12/26/2023	XALKORI	<i>crizotinib</i>	ADD UM: MAXQTYPERDAY		4.0 per day
12/26/2023	XALKORI	<i>crizotinib</i>	ADD UM: MAXQTYPERDAY		6.0 per day
12/26/2023	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: MAXQTYPERDAY		0.086 per day
12/26/2023	<i>adalimumab- aacf(cf) pen</i>	<i>adalimumab-aacf</i>	ADD UM: MAXQTYPERDAY		0.072 per day
12/26/2023	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: MAXQTYPERDAY		0.029 per day
12/26/2023	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: MAXQTYPERDAY		0.058 per day
12/26/2023	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: MAXQTYPERDAY		0.015 per day
12/26/2023	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: MAXQTYPERDAY		0.029 per day
12/27/2023	ELREXFIO	<i>elranatamab-bcmm</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	ELREXFIO	<i>elranatamab-bcmm</i>	ADD UM: COV		Coverage Delay
12/27/2023	ELREXFIO	<i>elranatamab-bcmm</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/27/2023	ELREXFIO	<i>elranatamab-bcmm</i>	ADD UM: COV		Coverage Delay
12/27/2023	ABRILADA(CF)	<i>adalimumab-afzb</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: COV		Coverage Delay
12/27/2023	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	ADD UM: COV		Coverage Delay
12/27/2023	ABRILADA(CF)	<i>adalimumab-afzb</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: COV		Coverage Delay
12/27/2023	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: COV		Coverage Delay
12/27/2023	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: COV		Coverage Delay
12/27/2023	ZITUVIO	<i>sitagliptin</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	ZITUVIO	<i>sitagliptin</i>	ADD UM: COV		Coverage Delay
12/27/2023	IWILFIN	<i>eflornithine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	IWILFIN	<i>eflornithine hcl</i>	ADD UM: COV		Coverage Delay
12/27/2023	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/27/2023	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	ADD UM: COV		Coverage Delay
12/27/2023	ZITUVIO	<i>sitagliptin</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	ZITUVIO	<i>sitagliptin</i>	ADD UM: COV		Coverage Delay
12/27/2023	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: COV		Coverage Delay
12/27/2023	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: COV		Coverage Delay
12/27/2023	<i>teriparatide</i>	<i>teriparatide</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: COV		Coverage Delay
12/27/2023	ZITUVIO	<i>sitagliptin</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	ZITUVIO	<i>sitagliptin</i>	ADD UM: COV		Coverage Delay
12/27/2023	IDOSE TR	<i>travoprost</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	IDOSE TR	<i>travoprost</i>	ADD UM: COV		Coverage Delay
12/27/2023	OZOBAX DS	<i>baclofen</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	OZOBAX DS	<i>baclofen</i>	ADD UM: COV		Coverage Delay
12/27/2023	<i>oxaprozin</i>	<i>oxaprozin</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	<i>oxaprozin</i>	<i>oxaprozin</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/27/2023	ZORYVE	<i>roflumilast</i>	REMOVE FROM FORMULARY		Non-Formulary
12/27/2023	ZORYVE	<i>roflumilast</i>	ADD UM: COV		Coverage Delay
12/27/2023	IWILFIN	<i>eflornithine hcl</i>	ADD UM: MAXQTYPERDAY		8.0 per day
12/27/2023	ZITUVIO	<i>sitagliptin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
12/27/2023	ZITUVIO	<i>sitagliptin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
12/27/2023	ZITUVIO	<i>sitagliptin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
12/27/2023	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
12/27/2023	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
12/27/2023	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: MAXQTYPERDAY		0.058 per day
12/27/2023	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	ADD UM: QUANTITY		max 2.4 / 180 days
12/29/2023	PENBRAYA	<i>meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
12/29/2023	PENBRAYA	<i>meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/29/2023	PENBRAYA MENACWY COMPONENT	<i>meningococcal vacc a,c,y, w-135, conj tet tox component/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/29/2023	PENBRAYA MENACWY COMPONENT	<i>meningococcal vacc a,c,y, w-135, conj tet tox component/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/29/2023	PENBRAYA MENB COMPONENT	<i>neisseria meningitidis b (a05 & b01), (fhbp), rec component</i>	ADD UM: QPBU		AAVAC1 Vaccines
12/29/2023	PENBRAYA MENB COMPONENT	<i>neisseria meningitidis b (a05 & b01), (fhbp), rec component</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

January, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>bupropion hcl sr</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>promethazine hcl</i>	<i>promethazine hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>promethazine hcl</i>	<i>promethazine hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>bupropion hcl sr</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>bupropion hcl sr</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>hydrochlorothiazide</i>	<i>hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>bupropion hcl sr</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>bupropion hcl sr</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>bupropion hcl sr</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>bupropion hcl sr</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>bupropion hcl sr</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>bupropion hcl sr</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>glipizide</i>	<i>glipizide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>hydrochlorothiazide</i>	<i>hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>hydrochlorothiazide</i>	<i>hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>quinapril hcl</i>	<i>quinapril hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>probenecid</i>	<i>probenecid</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>pyridostigmine bromide</i>	<i>pyridostigmine bromide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>trimethobenzamide hcl</i>	<i>trimethobenzamide hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>zafirlukast</i>	<i>zafirlukast</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>zafirlukast</i>	<i>zafirlukast</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>ampicillin trihydrate</i>	<i>ampicillin trihydrate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>probenecid</i>	<i>probenecid</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>diclofenac sodium er</i>	<i>diclofenac sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>azelaic acid</i>	<i>azelaic acid</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>benazepril-hydrochlorothiazide</i>	<i>benazepril hcl/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.867 per day
01/01/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>darunavir</i>	<i>darunavir ethanolate</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>diclofenac sodium er</i>	<i>diclofenac sodium</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 30 / 90 days
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 24 / 90 days
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 30 / 90 days
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 9 / 90 days
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 12 / 90 days
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 18 / 90 days

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 24 / 90 days
01/01/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
01/01/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
01/01/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD UM: MAXQTYPERDAY		90.0 per day
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 300 / 120 days
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 40 / 120 days
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 20 / 120 days
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 20 / 120 days
01/01/2024	<i>probenecid</i>	<i>probenecid</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>probenecid</i>	<i>probenecid</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: PANAME		PA Applies
01/01/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>zafirlukast</i>	<i>zafirlukast</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>zafirlukast</i>	<i>zafirlukast</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>zafirlukast</i>	<i>zafirlukast</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>zafirlukast</i>	<i>zafirlukast</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD TO FORMULARY		Preferred Brands
01/01/2024	<i>prochamber</i>	<i>inhaler, assist devices</i>	ADD TO FORMULARY		Preferred Brands
01/01/2024	ALTUVIIIIO	<i>antihemophilic factor rfviii fc-vwf-xten,bdd-eh1l</i>	ADD TO FORMULARY		Preferred Brands
01/01/2024	ALTUVIIIIO	<i>antihemophilic factor rfviii fc-vwf-xten,bdd-eh1l</i>	ADD TO FORMULARY		Preferred Brands
01/01/2024	ALTUVIIIIO	<i>antihemophilic factor rfviii fc-vwf-xten,bdd-eh1l</i>	ADD UM: DRUGCLASS		Blood/Blood Products
01/01/2024	ALTUVIIIIO	<i>antihemophilic factor rfviii fc-vwf-xten,bdd-eh1l</i>	ADD UM: PANAME		PA Applies
01/01/2024	ALTUVIIIIO	<i>antihemophilic factor rfviii fc-vwf-xten,bdd-eh1l</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	ALTUVIIIIO	<i>antihemophilic factor rfviii fc-vwf-xten,bdd-eh1l</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>prochamber</i>	<i>inhaler, assist devices</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: DRUGCLASS		Insulin
01/01/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: FI1		Rx90 + Insulin List
01/01/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: SDS		Y
01/01/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: MAXQTYPERDAY		3.334 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELYXYB	<i>celecoxib</i>	ADD TO FORMULARY		Non-Preferred Brands
01/01/2024	<i>speedyswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
01/01/2024	<i>speedyswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
01/01/2024	<i>speedyswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
01/01/2024	<i>speedyswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
01/01/2024	VITAMEDMD ONE RX	<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>	ADD TO FORMULARY		Non-Preferred Brands
01/01/2024	ELIGARD	<i>leuprolide acetate</i>	ADD TO FORMULARY		Non-Preferred Brands
01/01/2024	<i>speedyswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
01/01/2024	<i>speedyswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
01/01/2024	<i>speedyswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
01/01/2024	<i>speedyswab covid-19 home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
01/01/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: QUANTITY		max 90 days / fill

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: SDS		Y
01/01/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	VITAMEDMD ONE RX	<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>	ADD UM: B3		All Other
01/01/2024	ELYXYB	<i>celecoxib</i>	ADD UM: MAXQTYPERDAY		0.96 per day
01/01/2024	ELYXYB	<i>celecoxib</i>	ADD UM: PANAME		PA Applies
01/01/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>telcare</i>	<i>blood sugar diagnostic</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>telcare</i>	<i>blood sugar diagnostic</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	WYNZORA	<i>calcipotriene/betamethasone dipropionate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	WYNZORA	<i>calcipotriene/betamethasone dipropionate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	BIJUVA	<i>estradiol/progesterone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BIJUVA	<i>estradiol/progesterone</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>ramelteon</i>	<i>ramelteon</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>ramelteon</i>	<i>ramelteon</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	TUDORZA PRESSAIR	<i>acridinium bromide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TUDORZA PRESSAIR	<i>acridinium bromide</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>embrace wave glucose test strip</i>	<i>blood sugar diagnostic</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>embrace wave glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	YUFLYMA(CF) AI CROHN'S-UC-HS	<i>adalimumab-aaty</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	YUFLYMA(CF) AI CROHN'S-UC-HS	<i>adalimumab-aaty</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	TUDORZA PRESSAIR	<i>acridinium bromide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TUDORZA PRESSAIR	<i>acridinium bromide</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>ramelteon</i>	<i>ramelteon</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>ramelteon</i>	<i>ramelteon</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>etonogestrel-ethinyl estradiol</i>	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/01/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>ramelteon</i>	<i>ramelteon</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>ramelteon</i>	<i>ramelteon</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	BIJUVA	<i>estradiol/progesterone</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	TUDORZA PRESSAIR	<i>aclidinium bromide</i>	ADD UM: MAXQTYPERDAY		0.034 per day
01/01/2024	TUDORZA PRESSAIR	<i>aclidinium bromide</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	TUDORZA PRESSAIR	<i>aclidinium bromide</i>	ADD UM: MAXQTYPERDAY		0.034 per day
01/01/2024	TUDORZA PRESSAIR	<i>aclidinium bromide</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: FI1		Rx90 List
01/01/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: MAXQTYPERDAY		0.072 per day
01/01/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	YUFLYMA(CF) AI CROHN'S-UC-HS	<i>adalimumab-aaty</i>	ADD UM: QUANTITY		max 3 / 180 days
01/01/2024	YUFLYMA(CF) AI CROHN'S-UC-HS	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: MAXQTYPERDAY		3.334 per day
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: DRUGCLASS		Insulin
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: FI1		Rx90 + Insulin List
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: SDS		Y
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: MAXQTYPERDAY		3.334 per day
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: DRUGCLASS		Insulin
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: FI1		Rx90 + Insulin List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: SDS		Y
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 CTL 3 Drugs	Bucket 2 General Exclusions
01/01/2024	<i>micafungin</i>	<i>micafungin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>micafungin</i>	<i>micafungin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>piperacillin-tazobactam</i>	<i>piperacillin sodium/tazobactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>piperacillin-tazobactam</i>	<i>piperacillin sodium/tazobactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>micafungin</i>	<i>micafungin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>micafungin</i>	<i>micafungin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>micafungin</i>	<i>micafungin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>micafungin</i>	<i>micafungin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>micafungin</i>	<i>micafungin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>micafungin</i>	<i>micafungin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>daptomycin</i>	<i>daptomycin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>daptomycin</i>	<i>daptomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>doxercalciferol</i>	<i>doxercalciferol</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>doxercalciferol</i>	<i>doxercalciferol</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>daptomycin</i>	<i>daptomycin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>daptomycin</i>	<i>daptomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>daptomycin</i>	<i>daptomycin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>daptomycin</i>	<i>daptomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>piperacillin-tazobactam</i>	<i>piperacillin sodium/tazobactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>piperacillin-tazobactam</i>	<i>piperacillin sodium/tazobactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>paclitaxel</i>	<i>paclitaxel</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>paclitaxel</i>	<i>paclitaxel</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>mc 300 nebulizer-unvrsl tubing</i>	<i>nebulizer</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>mc 300 nebulizer-unvrsl tubing</i>	<i>nebulizer</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>sodium acetate</i>	<i>sodium acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>sodium acetate</i>	<i>sodium acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	LOQTORZI	<i>toripalimab-tpzi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LOQTORZI	<i>toripalimab-tpzi</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>t:slim x2 control-ig</i>	<i>subcutaneous insulin pump</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>t:slim x2 control-ig</i>	<i>subcutaneous insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>doxercalciferol</i>	<i>doxercalciferol</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>doxercalciferol</i>	<i>doxercalciferol</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>piperacillin-tazobactam</i>	<i>piperacillin sodium/tazobactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>piperacillin-tazobactam</i>	<i>piperacillin sodium/tazobactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>aeroeclipse xl</i>	<i>nebulizer</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>aeroeclipse xl</i>	<i>nebulizer</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	PITOCIN	<i>oxytocin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PITOCIN	<i>oxytocin</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>ez twist tubing</i>	<i>nebulizer accessories</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>ez twist tubing</i>	<i>nebulizer accessories</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>aeroeclipse ii</i>	<i>nebulizer</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>aeroeclipse ii</i>	<i>nebulizer</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>sodium acetate</i>	<i>sodium acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>sodium acetate</i>	<i>sodium acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>nalmefene hcl</i>	<i>nalmefene hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>nalmefene hcl</i>	<i>nalmefene hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>piperacillin-tazobactam</i>	<i>piperacillin sodium/tazobactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>piperacillin-tazobactam</i>	<i>piperacillin sodium/tazobactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>cisatracurium besylate</i>	<i>cisatracurium besylate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>cisatracurium besylate</i>	<i>cisatracurium besylate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>methylene blue</i>	<i>methylene blue</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>methylene blue</i>	<i>methylene blue</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>methylene blue</i>	<i>methylene blue</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>methylene blue</i>	<i>methylene blue</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>doxercalciferol</i>	<i>doxercalciferol</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>doxercalciferol</i>	<i>doxercalciferol</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: DRUGCLASS		Immune Serums
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: DRUGCLASS		Immune Serums
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: CS		Core Specialty
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>paclitaxel</i>	<i>paclitaxel</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>t:slim x2 control-iq</i>	<i>subcutaneous insulin pump</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: CS		Core Specialty
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: CS		Core Specialty
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: CS		Core Specialty
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/01/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		4.0 per day
01/01/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
01/01/2024	ZAVESCA	<i>miglustat</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/01/2024	ZAVESCA	<i>miglustat</i>	ADD UM: PANAME		PA Applies
01/01/2024	ZAVESCA	<i>miglustat</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/01/2024	ZAVESCA	<i>miglustat</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	ZAVESCA	<i>miglustat</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>fentanyl citrate- 0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>fentanyl citrate- 0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>epinephrine chloride</i>	<i>epinephrine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>epinephrine chloride</i>	<i>epinephrine hcl</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>disperserx</i>	<i>xylitol/poloxalene</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>disperserx</i>	<i>xylitol/poloxalene</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>urea</i>	<i>urea</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>urea</i>	<i>urea</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>midazolam hcl-nacl</i>	<i>midazolam hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>midazolam hcl-nacl</i>	<i>midazolam hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>urea</i>	<i>urea</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>urea</i>	<i>urea</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>disperserx</i>	<i>xylitol/poloxalene</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>disperserx</i>	<i>xylitol/poloxalene</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	LM PLUS RELIEF	<i>lidocaine/menthol</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	LM PLUS RELIEF	<i>lidocaine/menthol</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>oxytocin-0.9% nacl</i>	<i>oxytocin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>oxytocin-0.9% nacl</i>	<i>oxytocin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>gentamicin-sodium citrate</i>	<i>gentamicin sulfate/sodium citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>gentamicin-sodium citrate</i>	<i>gentamicin sulfate/sodium citrate</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>salsalate</i>	<i>salsalate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>salsalate</i>	<i>salsalate</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>midazolam-nacl</i>	<i>midazolam in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>midazolam-nacl</i>	<i>midazolam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>ropivacaine hcl-nacl</i>	<i>ropivacaine hcl in sodium chloride, iso-osmotic/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>ropivacaine hcl-nacl</i>	<i>ropivacaine hcl in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	URIBEL TABS	<i>methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	URIBEL TABS	<i>methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>orlistat</i>	<i>orlistat</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>orlistat</i>	<i>orlistat</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	MOMETACURE	<i>mometasone furoate/dimethicone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	MOMETACURE	<i>mometasone furoate/dimethicone</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>salsalate</i>	<i>salsalate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>salsalate</i>	<i>salsalate</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>versapenn</i>	<i>gel base no.259</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>versapenn</i>	<i>gel base no.259</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
01/01/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: PANAME		PA Applies
01/01/2024	YUFLYMA(CF) AI CROHN'S-UC- HS	<i>adalimumab-aaty</i>	ADD UM: PANAME		PA Applies
01/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
01/01/2024	XALKORI	<i>crizotinib</i>	ADD UM: CS		Core Specialty
01/01/2024	IZERVAY	<i>avacincaptad pegol sodium/pf</i>	ADD UM: CS		Core Specialty
01/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
01/01/2024	VELSIPITY	<i>etrasimod arginine</i>	ADD UM: CS		Core Specialty
01/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>icatibant</i>	<i>icatibant acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	YUFLYMA(CF) AUTOINJECTOR	<i>adalimumab-aaty</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>icatibant</i>	<i>icatibant acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	VEOPOZ	<i>pozelimab-bbfg</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>sodium oxybate</i>	<i>sodium oxybate</i>	ADD UM: CS		Core Specialty
01/01/2024	YUFLYMA(CF) AI CROHN'S-UC- HS	<i>adalimumab-aaty</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>adalimumab- aacf(cf) pen</i>	<i>adalimumab-aacf</i>	ADD UM: CS		Core Specialty
01/01/2024	PEGASYS	<i>peginterferon alfa-2a</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
01/01/2024	XALKORI	<i>crizotinib</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>sodium oxybate</i>	<i>sodium oxybate</i>	ADD UM: CS		Core Specialty
01/01/2024	POMBILITI	<i>cipaglucoisidase alfa-atga</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
01/01/2024	POMBILITI	<i>cipaglucoisidase alfa-atga</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: CS		Core Specialty
01/01/2024	POMBILITI	<i>cipaglucoisidase alfa-atga</i>	ADD UM: CS		Core Specialty
01/01/2024	ELREXFIO	<i>elranatamab-bcmm</i>	ADD UM: CS		Core Specialty
01/01/2024	OPFOLDA	<i>miglustat</i>	ADD UM: CS		Core Specialty
01/01/2024	ELREXFIO	<i>elranatamab-bcmm</i>	ADD UM: CS		Core Specialty
01/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
01/01/2024	OPFOLDA	<i>miglustat</i>	ADD UM: CS		Core Specialty
01/01/2024	OPFOLDA	<i>miglustat</i>	ADD UM: CS		Core Specialty
01/01/2024	FRUZAQLA	<i>fruquintinib</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/01/2024	FRUZAQLA	<i>fruquintinib</i>	ADD UM: MAXQTYPERDAY		0.75 per day
01/01/2024	ROZLYTREK	<i>entrectinib</i>	ADD UM: MAXQTYPERDAY		12.0 per day
01/01/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: QUANTITY		max 30 / 365 days
01/01/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: QUANTITY		max 30 / 365 days

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: QUANTITY		max 14 / 365 days
01/01/2024	<i>freestyle libre 3 reader</i>	<i>blood-glucose meter, continuous</i>	ADD UM: QUANTITY		max 1 / 365 days
01/01/2024	<i>freestyle libre 3 reader</i>	<i>blood-glucose meter, continuous</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: QUANTITY		max 2 / 180 days
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: MAXQTYPERDAY		0.072 per day
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: MAXQTYPERDAY		0.072 per day
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: MAXQTYPERDAY		0.072 per day
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: MAXQTYPERDAY		0.072 per day
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: MAXQTYPERDAY		0.072 per day
01/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: QUANTITY		max 55 / 180 days
01/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD UM: MAXQTYPERDAY		0.072 per day
01/01/2024	VELSIPITY	<i>etrasimod arginine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	CHANGE UM: MAXQTYPERDAY		0.072 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	CHANGE UM: MAXQTYPERDAY		0.072 per day
01/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	CHANGE UM: MAXQTYPERDAY		0.072 per day
01/01/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	CHANGE UM: QUANTITY	max 56 / 56 days	max 2.4 / 56 days
01/01/2024	BIMZELX	<i>bimekizumab-bkzx</i>	CHANGE UM: QUANTITY	max 56 / 56 days	max 2.4 / 56 days
01/01/2024	OZOBAX DS	<i>baclofen</i>	ADD UM: MAXQTYPERDAY		40.0 per day
01/01/2024	ENTYVIO PEN	<i>vedolizumab</i>	ADD UM: MAXQTYPERDAY		0.049 per day
01/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: MAXQTYPERDAY		6.0 per day
01/01/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: MAXQTYPERDAY		8.0 per day
01/01/2024	SPIRIVA HANDIHALER	<i>tiotropium bromide</i>	ADD UM: B4G		Brand For Generic
01/01/2024	SPIRIVA HANDIHALER	<i>tiotropium bromide</i>	ADD UM: B4G		Brand For Generic
01/01/2024	VEVYE	<i>cyclosporine</i>	ADD UM: MAXQTYPERDAY		0.067 per day
01/01/2024	COXANTO	<i>oxaprozin</i>	ADD UM: STEP		ST applies
01/01/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>lancing device</i>	<i>lancing device/lancets</i>	ADD TO FORMULARY		Preferred Brands
01/01/2024	<i>lancing device</i>	<i>lancing device/lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	POKONZA	<i>potassium chloride</i>	CHANGE TIER		Non-Preferred Brands
01/01/2024	POKONZA	<i>potassium chloride</i>	CHANGE UM: F11		Rx90 List
01/01/2024	<i>busulfan</i>	<i>busulfan</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>busulfan</i>	<i>busulfan</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>busulfan</i>	<i>busulfan</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>busulfan</i>	<i>busulfan</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	CYSTAGON	<i>cysteamine bitartrate</i>	ADD UM: CS		Core Specialty
01/01/2024	ACTEMRA	<i>tocilizumab</i>	ADD UM: CS		Core Specialty
01/01/2024	ADBRY	<i>tralokinumab-ldrm</i>	ADD UM: CS		Core Specialty
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant, full length</i>	ADD UM: CS		Core Specialty
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant, full length</i>	ADD UM: CS		Core Specialty
01/01/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	CHANGE UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	CHANGE UM: CS		Core Specialty
01/01/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	CHANGE UM: CS		Core Specialty
01/01/2024	ADYNOVATE	<i>antihemophilic factor (fviii) recombinant, full length, peg</i>	CHANGE UM: CS		Core Specialty
01/01/2024	AFSTYLA	<i>antihemophilic factor viii recomb, single-chn, b-dom truncated</i>	ADD UM: CS		Core Specialty
01/01/2024	ALKERAN	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: CS		Core Specialty
01/01/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: CS		Core Specialty
01/01/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: CS		Core Specialty
01/01/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: CS		Core Specialty
01/01/2024	ALPHANATE	<i>antihemophilic factor, human/von willebrand factor, human</i>	ADD UM: CS		Core Specialty
01/01/2024	ALPHANINE SD	<i>factor ix</i>	ADD UM: CS		Core Specialty
01/01/2024	ALPHANINE SD	<i>factor ix</i>	ADD UM: CS		Core Specialty
01/01/2024	ALUNBRIG	<i>brigatinib</i>	ADD UM: CS		Core Specialty
01/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>azacitidine</i>	<i>azacitidine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>bendamustine hcl</i>	<i>bendamustine hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>bexarotene</i>	<i>bexarotene</i>	CHANGE UM: CS		Core Specialty
01/01/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
01/01/2024	BICNU	<i>carmustine</i>	ADD UM: CS		Core Specialty
01/01/2024	BICNU	<i>carmustine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	BICNU	<i>carmustine</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>bortezomib</i>	<i>bortezomib</i>	ADD UM: CS		Core Specialty
01/01/2024	BOTOX	<i>onabotulinumtoxina</i>	ADD UM: CS		Core Specialty
01/01/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>carmustine</i>	<i>carmustine</i>	CHANGE UM: CS		Core Specialty
01/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: PANAME		PA Applies
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: MAXQTYPERDAY		0.167 per day
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: MAXQTYPERDAY		0.167 per day
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: PANAME		PA Applies
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>chorionic gonadotropin</i>	<i>chorionic gonadotropin, human</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2024	<i>chorionic gonadotropin</i>	<i>chorionic gonadotropin, human</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	<i>chorionic gonadotropin</i>	<i>chorionic gonadotropin, human</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	CINRYZE	<i>c1 esterase inhibitor</i>	ADD UM: CS		Core Specialty
01/01/2024	CINRYZE	<i>c1 esterase inhibitor</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>cladribine</i>	<i>cladribine</i>	ADD UM: CS		Core Specialty
01/01/2024	COPIKTRA	<i>duvelisib</i>	ADD UM: CS		Core Specialty
01/01/2024	CYSTAGON	<i>cysteamine bitartrate</i>	ADD UM: CS		Core Specialty
01/01/2024	DACOGEN	<i>decitabine</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>daunorubicin hcl</i>	<i>daunorubicin hcl</i>	CHANGE UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>daunorubicin hcl</i>	<i>daunorubicin hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	CHANGE UM: CS		Core Specialty
01/01/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	CHANGE UM: CS		Core Specialty
01/01/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: CS		Core Specialty
01/01/2024	DOPTELET	<i>avatrombopag maleate</i>	ADD UM: CS		Core Specialty
01/01/2024	DOPTELET	<i>avatrombopag maleate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	DUPIXENT SYRINGE	<i>dupilumab</i>	ADD UM: CS		Core Specialty
01/01/2024	DUPIXENT SYRINGE	<i>dupilumab</i>	ADD UM: CS		Core Specialty
01/01/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	ADD UM: CS		Core Specialty
01/01/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	ELITEK	<i>rasburicase</i>	CHANGE UM: CS		Core Specialty
01/01/2024	ELITEK	<i>rasburicase</i>	ADD UM: CS		Core Specialty
01/01/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ENBREL	<i>etanercept</i>	ADD UM: CS		Core Specialty
01/01/2024	ENBREL MINI	<i>etanercept</i>	CHANGE UM: CS		Core Specialty
01/01/2024	ENBREL SURECLICK	<i>etanercept</i>	CHANGE UM: CS		Core Specialty
01/01/2024	ENBREL	<i>etanercept</i>	CHANGE UM: CS		Core Specialty
01/01/2024	<i>erlotinib hcl</i>	<i>erlotinib hcl</i>	CHANGE UM: CS		Core Specialty
01/01/2024	<i>erlotinib hcl</i>	<i>erlotinib hcl</i>	CHANGE UM: CS		Core Specialty
01/01/2024	<i>erlotinib hcl</i>	<i>erlotinib hcl</i>	CHANGE UM: CS		Core Specialty
01/01/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
01/01/2024	KISQALI	<i>ribociclib succinate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>leuprolide depot</i>	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	ODOMZO	<i>sonidegib phosphate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
01/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	ADD UM: CS		Core Specialty
01/01/2024	GATTEX	<i>teduglutide</i>	ADD UM: CS		Core Specialty
01/01/2024	SUBLOCADE	<i>buprenorphine</i>	ADD UM: CS		Core Specialty
01/01/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: CS		Core Specialty
01/01/2024	RECOMBINATE	<i>antihemophilic factor viii, human recombinant</i>	ADD UM: CS		Core Specialty
01/01/2024	SOTYKTU	<i>deucravacitinib</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	NOVOSEVEN RT	<i>coagulation factor viia (recombinant)</i>	ADD UM: CS		Core Specialty
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	ADD UM: CS		Core Specialty
01/01/2024	GATTEX	<i>teduglutide</i>	ADD UM: CS		Core Specialty
01/01/2024	HEMOFIL M	<i>antihemophilic factor, human</i>	ADD UM: CS		Core Specialty
01/01/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: CS		Core Specialty
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	ADD UM: CS		Core Specialty
01/01/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
01/01/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: CS		Core Specialty
01/01/2024	RELEUKO	<i>filgrastim-ayow</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	ADD UM: CS		Core Specialty
01/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: CS		Core Specialty
01/01/2024	GAMMAGARD S-D	<i>immune globulin, gamm(igg)/glycine/gucose/iga 0 to 50 mcg/ml</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: CS		Core Specialty
01/01/2024	RECOMBINATE	<i>antihemophilic factor viii, human recombinant</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	EYLEA HD	<i>afibercept</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: CS		Core Specialty
01/01/2024	HADLIMA(CF)	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	IXEMPRA	<i>ixabepilone</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
01/01/2024	FEIBA	<i>anti-inhibitor coagulant complex</i>	ADD UM: CS		Core Specialty
01/01/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: CS		Core Specialty
01/01/2024	JIVI	<i>antihemophilic factor (fviii) rec, b-domain deleted peg-auc1</i>	ADD UM: CS		Core Specialty
01/01/2024	PYRUKYND	<i>mitapivat sulfate</i>	ADD UM: CS		Core Specialty
01/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	ADD UM: CS		Core Specialty
01/01/2024	HADLIMA PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
01/01/2024	SUNLENCA	<i>lenacapavir sodium</i>	ADD UM: CS		Core Specialty
01/01/2024	JEVTANA	<i>cabazitaxel</i>	ADD UM: CS		Core Specialty
01/01/2024	JIVI	<i>antihemophilic factor (fviii) rec, b-domain deleted peg-auc1</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	JIVI	<i>antihemophilic factor (fviii) rec, b-domain deleted peg-auc1</i>	ADD UM: CS		Core Specialty
01/01/2024	FENSOLVI	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	ISTODAX	<i>romidepsin</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	PROFILNINE	<i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	ADD UM: CS		Core Specialty
01/01/2024	PYRUKYND	<i>mitapivat sulfate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
01/01/2024	PROMACTA	<i>eltrombopag olamine</i>	ADD UM: CS		Core Specialty
01/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR	<i>pasireotide diaspertate</i>	ADD UM: CS		Core Specialty
01/01/2024	SEROSTIM	<i>somatropin</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR	<i>pasireotide diaspertate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	HUMIRA PEN	<i>adalimumab</i>	ADD UM: CS		Core Specialty
01/01/2024	SUBLOCADE	<i>buprenorphine</i>	ADD UM: CS		Core Specialty
01/01/2024	HUMIRA PEN	<i>adalimumab</i>	ADD UM: CS		Core Specialty
01/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD UM: CS		Core Specialty
01/01/2024	GRANIX	<i>tbo-filgrastim</i>	ADD UM: CS		Core Specialty
01/01/2024	EXSERVAN	<i>riluzole</i>	ADD UM: CS		Core Specialty
01/01/2024	RELEUKO	<i>filgrastim-ayow</i>	ADD UM: CS		Core Specialty
01/01/2024	HADLIMA(CF) PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	GRANIX	<i>tbo-filgrastim</i>	ADD UM: CS		Core Specialty
01/01/2024	NUCALA	<i>mepolizumab</i>	ADD UM: CS		Core Specialty
01/01/2024	GRANIX	<i>tbo-filgrastim</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: CS		Core Specialty
01/01/2024	PYRUKYND	<i>mitapivat sulfate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
01/01/2024	JELMYTO	<i>mitomycin</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>mitomycin-sterile water</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
01/01/2024	LUCENTIS	<i>ranibizumab</i>	ADD UM: CS		Core Specialty
01/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
01/01/2024	KOATE	<i>antihemophilic factor, human</i>	ADD UM: CS		Core Specialty
01/01/2024	KISQALI	<i>ribociclib succinate</i>	ADD UM: CS		Core Specialty
01/01/2024	PIQRAY	<i>alpelisib</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	RECOMBINATE	<i>antihemophilic factor viii, human recombinant</i>	ADD UM: CS		Core Specialty
01/01/2024	PIQRAY	<i>alpelisib</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	JIVI	<i>antihemophilic factor (fviii) rec, b-domain deleted peg-auc1</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: CS		Core Specialty
01/01/2024		<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	ADD UM: CS		Core Specialty
01/01/2024	KOATE	<i>antihemophilic factor, human</i>	ADD UM: CS		Core Specialty
01/01/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: CS		Core Specialty
01/01/2024		<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
01/01/2024	MAVYRET	<i>glecaprevir/pibrentasvir</i>	ADD UM: CS		Core Specialty
01/01/2024	KISQALI	<i>ribociclib succinate</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR	<i>pasireotide diaspertate</i>	ADD UM: CS		Core Specialty
01/01/2024	PROFILNINE	<i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	ADD UM: CS		Core Specialty
01/01/2024		<i>fulvestrant</i>	ADD UM: CS		Core Specialty
01/01/2024		<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
01/01/2024	NOVOSEVEN RT	<i>coagulation factor viia (recombinant)</i>	ADD UM: CS		Core Specialty
01/01/2024		<i>pirfenidone</i>	ADD UM: CS		Core Specialty
01/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD UM: CS		Core Specialty
01/01/2024	PIQRAY	<i>alpelisib</i>	ADD UM: CS		Core Specialty
01/01/2024	SOVALDI	<i>sofosbuvir</i>	ADD UM: CS		Core Specialty
01/01/2024		<i>octreotide acetate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
01/01/2024	GAMMAGARD S-D	<i>immune globulin, gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
01/01/2024	RYBREVANT	<i>amivantamab-vmjw</i>	ADD UM: CS		Core Specialty
01/01/2024	SOVALDI	<i>sofosbuvir</i>	ADD UM: CS		Core Specialty
01/01/2024	FASENRA	<i>benralizumab</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR	<i>pasireotide diaspertate</i>	ADD UM: CS		Core Specialty
01/01/2024	SEROSTIM	<i>somatropin</i>	ADD UM: CS		Core Specialty
01/01/2024	PROFILNINE	<i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	ADD UM: CS		Core Specialty
01/01/2024	MARGENZA	<i>margetuximab-cmkb</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	FUZEON	<i>enfuvirtide</i>	ADD UM: CS		Core Specialty
01/01/2024	HADLIMA	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
01/01/2024	PIQRAY	<i>alpelisib</i>	ADD UM: CS		Core Specialty
01/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	ADD UM: CS		Core Specialty
01/01/2024	LYSODREN	<i>mitotane</i>	ADD UM: CS		Core Specialty
01/01/2024	HARVONI	<i>ledipasvir/sofosbuvir</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	GRANIX	<i>tbo-filgrastim</i>	ADD UM: CS		Core Specialty
01/01/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR	<i>pasireotide diaspertate</i>	ADD UM: CS		Core Specialty
01/01/2024	HARVONI	<i>ledipasvir/sofosbuvir</i>	ADD UM: CS		Core Specialty
01/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: CS		Core Specialty
01/01/2024	SOMAVERT	<i>pegvisomant</i>	ADD UM: CS		Core Specialty
01/01/2024	SIGNIFOR	<i>pasireotide diaspertate</i>	ADD UM: CS		Core Specialty
01/01/2024	ORENCIA CLICKJECT	<i>abatacept</i>	ADD UM: CS		Core Specialty
01/01/2024	ORENCIA	<i>abatacept</i>	ADD UM: CS		Core Specialty
01/01/2024	SEROSTIM	<i>somatropin</i>	ADD UM: CS		Core Specialty
01/01/2024	IXEMPRA	<i>ixabepilone</i>	ADD UM: CS		Core Specialty
01/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD UM: CS		Core Specialty
01/01/2024	GRANIX	<i>tbo-filgrastim</i>	ADD UM: CS		Core Specialty
01/01/2024	FEIBA	<i>anti-inhibitor coagulant complex</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>lidocaine-prilocaine</i>	<i>lidocaine/prilocaine</i>	REMOVE UM: PANAME	PA Applies	
01/01/2024	<i>lidocaine-prilocaine</i>	<i>lidocaine/prilocaine</i>	REMOVE UM: PANAME	PA Applies	
01/01/2024	<i>lidocaine-prilocaine</i>	<i>lidocaine/prilocaine</i>	REMOVE UM: PANAME	PA Applies	
01/01/2024	NOCDURNA	<i>desmopressin acetate</i>	REMOVE UM: PANAME	PA Applies	
01/01/2024	NOCDURNA	<i>desmopressin acetate</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
01/01/2024	NOCDURNA	<i>desmopressin acetate</i>	REMOVE UM: MAXQTYPERDAY	1 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	NOC DURNA	<i>desmopressin acetate</i>	REMOVE UM: PANAME	PA Applies	
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
01/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
01/01/2024	ANDRODERM	<i>testosterone</i>	ADD UM: SDS		Y
01/01/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: SDS		Y
01/01/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>donepezil hcl</i>	<i>donepezil hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>donepezil hcl</i>	<i>donepezil hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	VEOZAH	<i>fezolinetant</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Bucket 1 Non Covered Drugs
01/01/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>sulindac</i>	<i>sulindac</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>sulindac</i>	<i>sulindac</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>neomycin sulfate</i>	<i>neomycin sulfate</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>valacyclovir</i>	<i>valacyclovir hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD TO FORMULARY		Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
01/01/2024	<i>gabapentin</i>	<i>gabapentin</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: QPBU		HCRIRON Iron Supplements
01/01/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>pioglitazone hcl</i>	<i>pioglitazone hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>sertraline hcl</i>	<i>sertraline hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>halobetasol propionate</i>	<i>halobetasol propionate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>podofilox</i>	<i>podofilox</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>nadolol</i>	<i>nadolol</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>nadolol</i>	<i>nadolol</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>propafenone hcl er</i>	<i>propafenone hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>nadolol</i>	<i>nadolol</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>topiramate er</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin macrocrystal</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>propafenone hcl er</i>	<i>propafenone hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>valacyclovir</i>	<i>valacyclovir hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>propafenone hcl er</i>	<i>propafenone hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Generics
01/01/2024	LIDOCAN III	<i>lidocaine</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin macrocrystal</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/01/2024	LIDOCAN III	<i>lidocaine</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>sapropterin dihydrochloride</i>	<i>sapropterin dihydrochloride</i>	ADD TO FORMULARY	Non-Formulary	Generics
01/01/2024	<i>sapropterin dihydrochloride</i>	<i>sapropterin dihydrochloride</i>	REMOVE UM: COV	Non FDA Approved Drugs	
01/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
01/01/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD UM: MAXQTYPERDAY		6.0 per day
01/01/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/01/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 30 / 90 days

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 30 / 90 days
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 24 / 90 days
01/01/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 24 / 90 days
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.25 per day
01/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>halobetasol propionate</i>	<i>halobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.143 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>halobetasol propionate</i>	<i>halobetasol propionate</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>nadolol</i>	<i>nadolol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>nadolol</i>	<i>nadolol</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>nadolol</i>	<i>nadolol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>nadolol</i>	<i>nadolol</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>nadolol</i>	<i>nadolol</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>nadolol</i>	<i>nadolol</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 40 / 120 days
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 20 / 120 days
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 20 / 120 days
01/01/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 300 / 120 days
01/01/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/01/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
01/01/2024	<i>propafenone hcl er</i>	<i>propafenone hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>propafenone hcl er</i>	<i>propafenone hcl</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>propafenone hcl er</i>	<i>propafenone hcl</i>	ADD UM: FI1		Rx90 List

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		7.467 per day
01/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: PANAME		PA Applies
01/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: QUANTITY		max 30 / 365 days
01/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: QUANTITY		max 60 / 365 days
01/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>topiramate er</i>	<i>topiramate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	<i>topiramate er</i>	<i>topiramate</i>	ADD UM: PANAME		PA Applies
01/01/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
01/01/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/01/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
01/01/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	BINOSTO	<i>alendronate sodium</i>	ADD TO FORMULARY		Non-Preferred Brands
01/01/2024	BINOSTO	<i>alendronate sodium</i>	ADD UM: FI1		Rx90 List
01/01/2024	BINOSTO	<i>alendronate sodium</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	BINOSTO	<i>alendronate sodium</i>	ADD TO FORMULARY		Non-Preferred Brands
01/01/2024	BINOSTO	<i>alendronate sodium</i>	ADD UM: FI1		Rx90 List
01/01/2024	BINOSTO	<i>alendronate sodium</i>	ADD UM: B4		High Cost Brands and Generics
01/01/2024	<i>freestyle libre 3 reader</i>	<i>blood-glucose meter, continuous</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>freestyle libre 3 reader</i>	<i>blood-glucose meter, continuous</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/01/2024	PYLERA	<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PYLERA	<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	CHANGE UM: COV	Bucket 2 MSC O Non Covered Drugs	Bucket 1 Non Covered Drugs
01/01/2024	<i>freestyle libre 3 reader</i>	<i>blood-glucose meter, continuous</i>	ADD UM: PANAME		PA Applies
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	CASGEVY	<i>exagamglogene autotemcel</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	CASGEVY	<i>exagamglogene autotemcel</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>comfortseal</i>	<i>inhaler, assist devices, accessories</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>comfortseal</i>	<i>inhaler, assist devices, accessories</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>comfortseal</i>	<i>inhaler, assist devices, accessories</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>comfortseal</i>	<i>inhaler, assist devices, accessories</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	CASGEVY	<i>exagamglogene autotemcel</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CASGEVY	<i>exagamglogene autotemcel</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	LYFGENIA	<i>lovotibeglogene autotemcel</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LYFGENIA	<i>lovotibeglogene autotemcel</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>comfortseal</i>	<i>inhaler, assist devices, accessories</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>comfortseal</i>	<i>inhaler, assist devices, accessories</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>dynafoam ag</i>	<i>silver/foam bandage</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>dynafoam ag</i>	<i>silver/foam bandage</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>dynafoam ag</i>	<i>silver/foam bandage</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>dynafoam ag</i>	<i>silver/foam bandage</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>dynafoam ag</i>	<i>silver/foam bandage</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>dynafoam ag</i>	<i>silver/foam bandage</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	REZIPRES	<i>ephedrine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	REZIPRES	<i>ephedrine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>realsil-8</i>	<i>gel-matrix pad dressing, silicone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>realsil-8</i>	<i>gel-matrix pad dressing, silicone</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>t:slim x2 control-iq</i>	<i>subcutaneous insulin pump</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>t:slim x2 control-iq</i>	<i>subcutaneous insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>zinc sulfate</i>	<i>zinc sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>zinc sulfate</i>	<i>zinc sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>zinc sulfate</i>	<i>zinc sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>zinc sulfate</i>	<i>zinc sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
01/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: CS		Core Specialty
01/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>t:slim x2 control-iq</i>	<i>subcutaneous insulin pump</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
01/01/2024	<i>azelastine hcl</i>	<i>azelastine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>azelastine hcl</i>	<i>azelastine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>acarbose</i>	<i>acarbose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>acarbose</i>	<i>acarbose</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	DICLAREAL	<i>diclofenac sodium/capsaicin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	DICLAREAL	<i>diclofenac sodium/capsaicin</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate in sodium chloride,iso-osmotic/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate in sodium chloride,iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	BARRIGEL	<i>hyaluronate sodium, stabilized</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BARRIGEL	<i>hyaluronate sodium, stabilized</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	BARRIGEL	<i>hyaluronate sodium, stabilized</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BARRIGEL	<i>hyaluronate sodium, stabilized</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>mebendazole</i>	<i>mebendazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>mebendazole</i>	<i>mebendazole</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>methylene blue</i>	<i>methylene blue</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>methylene blue</i>	<i>methylene blue</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>penicillamine</i>	<i>penicillamine</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>penicillamine</i>	<i>penicillamine</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>penicillamine</i>	<i>penicillamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>penicillamine</i>	<i>penicillamine</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>penicillamine</i>	<i>penicillamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>penicillamine</i>	<i>penicillamine</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>alprostadil</i>	<i>alprostadil</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>alprostadil</i>	<i>alprostadil</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>betamethasone sod phos-water</i>	<i>betamethasone sodium phosph in sterile water for injection</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>betamethasone sod phos-water</i>	<i>betamethasone sodium phosph in sterile water for injection</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>pregnenolone</i>	<i>pregnenolone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>pregnenolone</i>	<i>pregnenolone</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>terbinafine hcl</i>	<i>terbinafine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>terbinafine hcl</i>	<i>terbinafine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>mebendazole</i>	<i>mebendazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>mebendazole</i>	<i>mebendazole</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	WELLPRO-31	<i>lactobacillus acidophilus/bifidobacterium animalis</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	WELLPRO-31	<i>lactobacillus acidophilus/bifidobacterium animalis</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>methylene blue</i>	<i>methylene blue</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>methylene blue</i>	<i>methylene blue</i>	ADD UM: COV		Non FDA Approved Drugs
01/01/2024	<i>dexcom g6 transmitter</i>	<i>blood-glucose transmitter</i>	ADD UM: SDS		Y
01/01/2024	<i>dexcom g7 receiver</i>	<i>blood-glucose meter,continuous</i>	ADD UM: SDS		Y
01/01/2024	<i>dexcom g6 receiver</i>	<i>blood-glucose meter,continuous</i>	ADD UM: SDS		Y
01/01/2024	CABLIVI	<i>caplacizumab-yhdp</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: CS		Core Specialty
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: CS		Core Specialty
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: CS		Core Specialty
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: CS		Core Specialty
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: CS		Core Specialty
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: CS		Core Specialty
01/01/2024	IXINITY	<i>factor ix human recombinant, threonine 148</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	KOGENATE FS	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	ADVATE	<i>antihemophilic factor (fviii) recombinant,full length</i>	ADD UM: CS		Core Specialty
01/01/2024	BENEFIX	<i>factor ix human recombinant</i>	ADD UM: CS		Core Specialty
01/01/2024	BENEFIX	<i>factor ix human recombinant</i>	ADD UM: CS		Core Specialty
01/01/2024	BENEFIX	<i>factor ix human recombinant</i>	ADD UM: CS		Core Specialty
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PRIALT	<i>ziconotide acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	VPRIV	<i>velaglucerase alfa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VPRIV	<i>velaglucerase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
01/01/2024	SOLIRIS	<i>eculizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SOLIRIS	<i>eculizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	VABYSMO	<i>faricimab-svoa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VABYSMO	<i>faricimab-svoa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELELYSO	<i>taliglucerase alfa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ELELYSO	<i>taliglucerase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELAPRASE	<i>idursulfase</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ELAPRASE	<i>idursulfase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TRILURON	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TRILURON	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	NPLATE	<i>romiplostim</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	NPLATE	<i>romiplostim</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	VISCO-3	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VISCO-3	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	REMODULIN	<i>treprostinil sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TEPEZZA	<i>teprotumumab-trbw</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	TEPEZZA	<i>teprotumumab-trbw</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FABRAZYME	<i>agalsidase beta</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FABRAZYME	<i>agalsidase beta</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	INJECTAFER	<i>ferric carboxymaltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	INJECTAFER	<i>ferric carboxymaltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SUPPRELIN LA	<i>histrelin acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SUPPRELIN LA	<i>histrelin acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	EYLEA HD	<i>aflibercept</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
01/01/2024	EYLEA HD	<i>aflibercept</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
01/01/2024	VIMIZIM	<i>elosulfase alfa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VIMIZIM	<i>elosulfase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	REMODULIN	<i>treprostinil sodium</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	REMODULIN	<i>treprostinil sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FABRAZYME	<i>agalsidase beta</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FABRAZYME	<i>agalsidase beta</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CEREZYME	<i>imiglucerase</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CEREZYME	<i>imiglucerase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	LEMTRADA	<i>alemtuzumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LEMTRADA	<i>alemtuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	THYROGEN	<i>thyrotropin alfa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	THYROGEN	<i>thyrotropin alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	THYROGEN	<i>thyrotropin alfa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	THYROGEN	<i>thyrotropin alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
01/01/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	MEPSEVII	<i>vestronidase alfa-vjvk</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	MEPSEVII	<i>vestronidase alfa-vjvk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	EYLEA	<i>aflibercept</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	EYLEA	<i>aflibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	EYLEA	<i>aflibercept</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	EYLEA	<i>aflibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CINRYZE	<i>c1 esterase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CINRYZE	<i>c1 esterase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	KRYSTEXXA	<i>pegloticase</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	KRYSTEXXA	<i>pegloticase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ADAKVEO	<i>crizanlizumab-tmca</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ADAKVEO	<i>crizanlizumab-tmca</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ALDURAZYME	<i>laronidase</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ALDURAZYME	<i>laronidase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CINRYZE	<i>c1 esterase inhibitor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CINRYZE	<i>c1 esterase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PRIALT	<i>ziconotide acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	LUMIZYME	<i>alglucosidase alfa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LUMIZYME	<i>alglucosidase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PRIALT	<i>ziconotide acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	REMODULIN	<i>treprostinil sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	XIAFLEX	<i>collagenase clostridium histolyticum</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	XIAFLEX	<i>collagenase clostridium histolyticum</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	NAGLAZYME	<i>galsulfase</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	NAGLAZYME	<i>galsulfase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	NEXVIAZYME	<i>avalglucosidase alfa-ngpt</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	NEXVIAZYME	<i>avalglucosidase alfa-ngpt</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TZIELD	<i>teplizumab-mzww</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TZIELD	<i>teplizumab-mzww</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	KALBITOR	<i>ecallantide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	KALBITOR	<i>ecallantide</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SARCLISA	<i>isatuximab-irfc</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SARCLISA	<i>isatuximab-irfc</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OPDIVO	<i>nivolumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OPDIVO	<i>nivolumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	DARZALEX	<i>daratumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HERCEPTIN	<i>trastuzumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HERCEPTIN	<i>trastuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	EVKEEZA	<i>evinacumab-dgnb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	EVKEEZA	<i>evinacumab-dgnb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	POMBILITI	<i>cipaglucosidase alfa-atga</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	POMBILITI	<i>cipaglucosidase alfa-atga</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HERZUMA	<i>trastuzumab-pkrb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HERZUMA	<i>trastuzumab-pkrb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	AVASTIN	<i>bevacizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	AVASTIN	<i>bevacizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	MVASI	<i>bevacizumab-awwb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	MVASI	<i>bevacizumab-awwb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	POMBILITI	<i>cipaglucosidase alfa-atga</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BOTOX	<i>onabotulinumtoxina</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BOTOX	<i>onabotulinumtoxina</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BOTOX	<i>onabotulinumtoxina</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BOTOX	<i>onabotulinumtoxina</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	VECTIBIX	<i>panitumumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VECTIBIX	<i>panitumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	DARZALEX	<i>daratumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HERCEPTIN	<i>trastuzumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HERCEPTIN	<i>trastuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	VECTIBIX	<i>panitumumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VECTIBIX	<i>panitumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HERZUMA	<i>trastuzumab-pkrb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HERZUMA	<i>trastuzumab-pkrb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TECENTRIQ	<i>atezolizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TECENTRIQ	<i>atezolizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SUNLENCA	<i>lenacapavir sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TRACLEER	<i>bosentan</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TRACLEER	<i>bosentan</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
01/01/2024	XENPOZYME	<i>olipudase alfa-rpcp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SUNLENCA	<i>lenacapavir sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TZIELD	<i>teplizumab-mzww</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TZIELD	<i>teplizumab-mzww</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ORTHOVISC	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ORTHOVISC	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	AMVUTTRA	<i>vutrisiran sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	AMVUTTRA	<i>vutrisiran sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GILENYA	<i>fingolimod hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GILENYA	<i>fingolimod hcl</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TREANDA	<i>bendamustine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TREANDA	<i>bendamustine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma(igg)/sorbitol/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma(igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma(igg)/sorbitol/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma(igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma(igg)/sorbitol/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma(igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TZIELD	<i>teplizumab-mzww</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TZIELD	<i>teplizumab-mzww</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TECVAYLI	<i>teclistamab-cqyv</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BENLYSTA	<i>belimumab</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	BENLYSTA	<i>belimumab</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
01/01/2024	TECARTUS	<i>brexucabtagene autoleucl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TECARTUS	<i>brexucabtagene autoleucl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TECARTUS	<i>brexucabtagene autoleucl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TECARTUS	<i>brexucabtagene autoleucl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	KANUMA	<i>sebelipase alfa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	KANUMA	<i>sebelipase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	YERVOY	<i>ipilimumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	YERVOY	<i>ipilimumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	CUTAQUIG	<i>immune globulin, gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ILARIS	<i>canakinumab/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ILARIS	<i>canakinumab/pf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HYALGAN	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HYALGAN	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PERJETA	<i>pertuzumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PERJETA	<i>pertuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
01/01/2024	LUNSUMIO	<i>mosunetuzumab-axgb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LUNSUMIO	<i>mosunetuzumab-axgb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	VYJUVEK	<i>beremagene geperpavec-svdt</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OPDUALAG	<i>nivolumab-relatlimab-rmbw</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OPDUALAG	<i>nivolumab-relatlimab-rmbw</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TRIPTODUR	<i>triptorelin pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TRIPTODUR	<i>triptorelin pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	VYJUVEK	<i>beremagene geperpavec-svdt</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
01/01/2024	MVASI	<i>bevacizumab-awwb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	MVASI	<i>bevacizumab-awwb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TREANDA	<i>bendamustine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TREANDA	<i>bendamustine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	JEVTANA	<i>cabazitaxel</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	JEVTANA	<i>cabazitaxel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	XGEVA	<i>denosumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	XGEVA	<i>denosumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	DANYELZA	<i>naxitamab-gqgk</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	DANYELZA	<i>naxitamab-gqgk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZYNLONTA	<i>loncastuximab tesirine-lpyl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZYNLONTA	<i>loncastuximab tesirine-lpyl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PLUVICTO	<i>lutetium lu-177 vipivotide tetraxetan</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PLUVICTO	<i>lutetium lu-177 vipivotide tetraxetan</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	VYVGART	<i>efgartigimod alfa-fcab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VYVGART	<i>efgartigimod alfa-fcab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZIRABEV	<i>bevacizumab-bvzr</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ZIRABEV	<i>bevacizumab-bvzr</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TRACLEER	<i>bosentan</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TRACLEER	<i>bosentan</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
01/01/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PHESGO	<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PHESGO	<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	DARZALEX FASPRO	<i>daratumumab-hyaluronidase-fihj</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	DARZALEX FASPRO	<i>daratumumab-hyaluronidase-fihj</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TECVAYLI	<i>teclistamab-cqyv</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CABOMETYX	<i>cabozantinib s-malate</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TRIPTODUR	<i>triptorelin pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TRIPTODUR	<i>triptorelin pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SYNVISC-ONE	<i>hylan g-f 20</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SYNVISC-ONE	<i>hylan g-f 20</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SYNVISC	<i>hylan g-f 20</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	KANJINTI	<i>trastuzumab-anns</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	KANJINTI	<i>trastuzumab-anns</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	MARQIBO	<i>vincristine sulfate liposomal</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	MARQIBO	<i>vincristine sulfate liposomal</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BOTOX	<i>onabotulinumtoxina</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BOTOX	<i>onabotulinumtoxina</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SYNVISC	<i>hylan g-f 20</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SYNVISC	<i>hylan g-f 20</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RENFLEXIS	<i>infliximab-abda</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OPDIVO	<i>nivolumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OPDIVO	<i>nivolumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BLINCYTO	<i>blinatumomab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	EVKEEZA	<i>evinacumab-dgnb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	EVKEEZA	<i>evinacumab-dgnb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CABENUVA	<i>cabotegravir/rilpivirine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CABENUVA	<i>cabotegravir/rilpivirine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	YERVOY	<i>ipilimumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	YERVOY	<i>ipilimumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CRYSVITA	<i>burosumab-twza</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	IMJUDO	<i>tremelimumab-actl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	IMJUDO	<i>tremelimumab-actl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	KANJINTI	<i>trastuzumab-anns</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	KANJINTI	<i>trastuzumab-anns</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SARCLISA	<i>isatuximab-irfc</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SARCLISA	<i>isatuximab-irfc</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	IXEMPRA	<i>ixabepilone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	IXEMPRA	<i>ixabepilone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	IXEMPRA	<i>ixabepilone</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	IXEMPRA	<i>ixabepilone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HYMOVIS	<i>hyaluronate sodium, modified, non-crosslinked</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HYMOVIS	<i>hyaluronate sodium, modified, non-crosslinked</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin, gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin, gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OCREVUS	<i>ocrelizumab</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	OCREVUS	<i>ocrelizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	INVEGA HAFYERA	<i>paliperidone palmitate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	INVEGA HAFYERA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TRAZIMERA	<i>trastuzumab-qyyp</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TRAZIMERA	<i>trastuzumab-qyyp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	NPLATE	<i>romiplostim</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	NPLATE	<i>romiplostim</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SAPHNELO	<i>anifrolumab-fnia</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SAPHNELO	<i>anifrolumab-fnia</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BELEODAQ	<i>belinostat</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BELEODAQ	<i>belinostat</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	REMICADE	<i>infliximab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	REMICADE	<i>infliximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	LUNSUMIO	<i>mosunetuzumab-axgb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LUNSUMIO	<i>mosunetuzumab-axgb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TRAZIMERA	<i>trastuzumab-qyyp</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TRAZIMERA	<i>trastuzumab-qyyp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	EVENITY (2 SYRINGES)	<i>romosozumab-aqqg</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	EVENITY (2 SYRINGES)	<i>romosozumab-aqqg</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	EVENITY	<i>romosozumab-aqqg</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	EVENITY	<i>romosozumab-aqqg</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARZERRA	<i>ofatumumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ARZERRA	<i>ofatumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARCALYST	<i>rilonacept</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ARCALYST	<i>rilonacept</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
01/01/2024	EUFLEXXA	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	EUFLEXXA	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	EUFLEXXA	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	EUFLEXXA	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OGIVRI	<i>trastuzumab-dkst</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	VOCABRIA	<i>cabotegravir sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VOCABRIA	<i>cabotegravir sodium</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
01/01/2024	HYQVIA	<i>immune globulin, gamma(igg) human/hyaluronidase, human recomb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HYQVIA	<i>immune globulin, gamma(igg) human/hyaluronidase, human recomb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUVITRU	<i>immune globulin, gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	DARZALEX	<i>daratumumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	DARZALEX	<i>daratumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	OPZELURA	<i>ruxolitinib phosphate</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CRYSVITA	<i>burosumab-twza</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TIVDAK	<i>tisotumab vedotin-tftv</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TIVDAK	<i>tisotumab vedotin-tftv</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SUPARTZ FX	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SUPARTZ FX	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RADICAVA	<i>edaravone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	RADICAVA	<i>edaravone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RADICAVA	<i>edaravone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	RADICAVA	<i>edaravone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	EPKINLY	<i>epcoritamab-bysp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BENLYSTA	<i>belimumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BENLYSTA	<i>belimumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	VABYSMO	<i>faricimab-svoa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VABYSMO	<i>faricimab-svoa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	BENLYSTA	<i>belimumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BENLYSTA	<i>belimumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GEL-ONE	<i>hyaluronate sod, cross-linked</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GEL-ONE	<i>hyaluronate sod, cross-linked</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELAHERE	<i>mirvetuximab soravtansine-gynx</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ELAHERE	<i>mirvetuximab soravtansine-gynx</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	DARZALEX	<i>daratumumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	DARZALEX	<i>daratumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	KIMMTRAK	<i>tebentafusp-tebn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	KIMMTRAK	<i>tebentafusp-tebn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZYNYZ	<i>retifanlimab-dlwr</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZYNYZ	<i>retifanlimab-dlwr</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OPDIVO	<i>nivolumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OPDIVO	<i>nivolumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RYBREVANT	<i>amivantamab-vmjw</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	RYBREVANT	<i>amivantamab-vmjw</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RYBREVANT	<i>amivantamab-vmjw</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	RYBREVANT	<i>amivantamab-vmjw</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	OXLUMO	<i>lumasiran sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	OXLUMO	<i>lumasiran sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	VABYSMO	<i>faricimab-svoa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	VABYSMO	<i>faricimab-svoa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	INVEGA HAFYERA	<i>paliperidone palmitate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	INVEGA HAFYERA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SYLVANT	<i>siltuximab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SYLVANT	<i>siltuximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TROGARZO	<i>ibalizumab-uiyk</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TROGARZO	<i>ibalizumab-uiyk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	TROGARZO	<i>ibalizumab-uiyk</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	TROGARZO	<i>ibalizumab-uiyk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	NPLATE	<i>romiplostim</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	NPLATE	<i>romiplostim</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	YESCARTA	<i>axicabtagene ciloleucel</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	YESCARTA	<i>axicabtagene ciloleucel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SYLVANT	<i>siltuximab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SYLVANT	<i>siltuximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	INJECTAFER	<i>ferric carboxymaltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	INJECTAFER	<i>ferric carboxymaltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	YESCARTA	<i>axicabtagene ciloleucel</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	YESCARTA	<i>axicabtagene ciloleucel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	IXEMPRA	<i>ixabepilone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	IXEMPRA	<i>ixabepilone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARISTADA INITIO	<i>aripiprazole lauroxil, submicronized</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ARISTADA INITIO	<i>aripiprazole lauroxil, submicronized</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	IXEMPRA	<i>ixabepilone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	IXEMPRA	<i>ixabepilone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	COLUMVI	<i>glofitamab-gxbm</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin, gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SIMULECT	<i>basiliximab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SIMULECT	<i>basiliximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZEPZELCA	<i>lurbinectedin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZEPZELCA	<i>lurbinectedin</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	MOZOBIL	<i>plerixafor</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	MOZOBIL	<i>plerixafor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	COLUMVI	<i>glofitamab-gxbm</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CRYSVITA	<i>burosumab-twza</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	CABENUVA	<i>cabotegravir/rilpivirine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	CABENUVA	<i>cabotegravir/rilpivirine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZALTRAP	<i>ziv-aflibercept</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZALTRAP	<i>ziv-aflibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	BRIUMVI	<i>ublituximab-xiiy</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	BRIUMVI	<i>ublituximab-xiiy</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	APRETUDE	<i>cabotegravir</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	APRETUDE	<i>cabotegravir</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	DYSPORT	<i>abobotulinumtoxina</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	DYSPORT	<i>abobotulinumtoxina</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	AUSTEDO TD TITRATN PK (WK 1-2)	<i>deutetrabenazine</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
01/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	LUXTURNA	<i>voretigene neparvovec-rzyl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LUXTURNA	<i>voretigene neparvovec-rzyl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	KYPROLIS	<i>carfilzomib</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	KYPROLIS	<i>carfilzomib</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HYMOVIS	<i>hyaluronate sodium, modified, non-crosslinked</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HYMOVIS	<i>hyaluronate sodium, modified, non-crosslinked</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ERBITUX	<i>cetuximab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ERBITUX	<i>cetuximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HERZUMA	<i>trastuzumab-pkrb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HERZUMA	<i>trastuzumab-pkrb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	KYLEENA	<i>levonorgestrel</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	KYLEENA	<i>levonorgestrel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PHESGO	<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PHESGO	<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	KYLEENA	<i>levonorgestrel</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	KYLEENA	<i>levonorgestrel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZINPLAVA	<i>bezlotoxumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZINPLAVA	<i>bezlotoxumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZINPLAVA	<i>bezlotoxumab</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZINPLAVA	<i>bezlotoxumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PRIVIGEN	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PRIVIGEN	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	MAYZENT	<i>siponimod</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	MAYZENT	<i>siponimod</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PRIVIGEN	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PRIVIGEN	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	PRIVIGEN	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	PRIVIGEN	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SIMULECT	<i>basiliximab</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	SIMULECT	<i>basiliximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HIZENTRA	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	LEQVIO	<i>inclisiran sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	LEQVIO	<i>inclisiran sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	MONOVISC	<i>hyaluronate sodium, stabilized</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	MONOVISC	<i>hyaluronate sodium, stabilized</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FIRMAGON	<i>degarelix acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FIRMAGON	<i>degarelix acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	MIRENA	<i>levonorgestrel</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	MIRENA	<i>levonorgestrel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FIRMAGON	<i>degarelix acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	FIRMAGON	<i>degarelix acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/01/2024	FIRMAGON	<i>degarelix acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	SKYLA	<i>levonorgestrel</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	SKYLA	<i>levonorgestrel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
01/01/2024	ARZERRA	<i>ofatumumab</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
01/01/2024	MARQIBO	<i>vincristine sulfate liposomal</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
01/01/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
01/01/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
01/01/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
01/03/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	CHANGE UM: MAXQTYPERDAY	0.667 per day	4.0 per day
01/03/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	CHANGE UM: MAXQTYPERDAY	0.667 per day	4.0 per day
01/03/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	6.0 per day
01/03/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	CHANGE UM: MAXQTYPERDAY	1 per day	6.0 per day
01/03/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	CHANGE UM: MAXQTYPERDAY	1.334 per day	4.0 per day
01/03/2024	WAINUA	<i>eplontersen sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/03/2024	WAINUA	<i>eplontersen sodium</i>	ADD UM: COV		Coverage Delay
01/05/2024	WAINUA	<i>eplontersen sodium</i>	ADD UM: MAXQTYPERDAY		0.027 per day
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
01/05/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Preferred Generics
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
01/05/2024	<i>nystatin</i>	<i>nystatin</i>	ADD TO FORMULARY		Preferred Generics
01/05/2024	<i>prochlorperazine maleate</i>	<i>prochlorperazine maleate</i>	ADD TO FORMULARY		Preferred Generics
01/05/2024	<i>erythromycin</i>	<i>erythromycin base</i>	ADD TO FORMULARY		Preferred Generics
01/05/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>desonide</i>	<i>desonide</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>desonide</i>	<i>desonide</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>prochlorperazine maleate</i>	<i>prochlorperazine maleate</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/05/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: B4		High Cost Brands and Generics
01/05/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: B4		High Cost Brands and Generics
01/05/2024	<i>desonide</i>	<i>desonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>desonide</i>	<i>desonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.25 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.25 per day
01/05/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: B3		Ulcer Drugs, H2 Antagonists
01/05/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/05/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/05/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD TO FORMULARY		Preferred Brands
01/05/2024	PENBRAYA	<i>meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf</i>	ADD TO FORMULARY		Preferred Brands
01/05/2024	PENBRAYA	<i>meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf</i>	ADD TO FORMULARY		Preferred Brands
01/05/2024	ZENPEP	<i>lipase/protease/amylase</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>flurazepam hcl</i>	<i>flurazepam hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
01/05/2024	<i>flurazepam hcl</i>	<i>flurazepam hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	BIJUVA	<i>estradiol/progesterone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	BIJUVA	<i>estradiol/progesterone</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	<i>bismuth-metronidazole-tetracyc</i>	<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>bismuth-metronidazole-tetracyc</i>	<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/05/2024	BIJUVA	<i>estradiol/progesterone</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: PANAME		PA Required for those 40 and older
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: MAXQTYPERDAY		3.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/05/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
01/05/2024	<i>leucovorin calcium</i>	<i>leucovorin calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>leucovorin calcium</i>	<i>leucovorin calcium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>leucovorin calcium</i>	<i>leucovorin calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>leucovorin calcium</i>	<i>leucovorin calcium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>mc 300 nebulizer w-mouthpiece</i>	<i>nebulizer</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>mc 300 nebulizer w-mouthpiece</i>	<i>nebulizer</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>cisplatin</i>	<i>cisplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>cisplatin</i>	<i>cisplatin</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>foscarnet sodium</i>	<i>foscarnet sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>foscarnet sodium</i>	<i>foscarnet sodium</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>haloperidol decanoate</i>	<i>haloperidol decanoate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>haloperidol decanoate</i>	<i>haloperidol decanoate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	FLEXBUMIN	<i>albumin human</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	FLEXBUMIN	<i>albumin human</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>meropenem</i>	<i>meropenem</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
01/05/2024	<i>leucovorin calcium</i>	<i>leucovorin calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>leucovorin calcium</i>	<i>leucovorin calcium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>cisplatin</i>	<i>cisplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>cisplatin</i>	<i>cisplatin</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>phenobarbital sodium</i>	<i>phenobarbital sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>phenobarbital sodium</i>	<i>phenobarbital sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>phenobarbital sodium</i>	<i>phenobarbital sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>phenobarbital sodium</i>	<i>phenobarbital sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>cisplatin</i>	<i>cisplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>cisplatin</i>	<i>cisplatin</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	EPINEPHRINES NAP	<i>epinephrine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	EPINEPHRINES NAP	<i>epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>cisplatin</i>	<i>cisplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>cisplatin</i>	<i>cisplatin</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	<i>leucovorin calcium</i>	<i>leucovorin calcium</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>leucovorin calcium</i>	<i>leucovorin calcium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/05/2024	FLEXBUMIN	<i>albumin human</i>	ADD UM: DRUGCLASS		Blood/Blood Products
01/05/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/05/2024	AVODART	<i>dutasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	AVODART	<i>dutasteride</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/05/2024	AVODART	<i>dutasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	AVODART	<i>dutasteride</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/05/2024	DARAPRIM	<i>pyrimethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	DARAPRIM	<i>pyrimethamine</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/05/2024	AVODART	<i>dutasteride</i>	ADD UM: FI1		Rx90 List
01/05/2024	AVODART	<i>dutasteride</i>	ADD UM: FI1		Rx90 List
01/05/2024	DARAPRIM	<i>pyrimethamine</i>	ADD UM: SPECIALTY		Specialty Drug
01/05/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>minoxidil</i>	<i>minoxidil</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>finasteride</i>	<i>finasteride</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/05/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	ADD UM: COV		Non FDA Approved Drugs
01/05/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
01/05/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
01/05/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
01/05/2024	CETROTIDE	<i>cetorelix acetate</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 MSC O Non Covered Drugs
01/05/2024	PYLERA	<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 MSC O Non Covered Drugs
01/05/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Non FDA Approved Drugs
01/05/2024	LIDOCAN III	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/05/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: MAXQTYPERDAY		5.0 per day
01/05/2024	<i>cephalexin</i>	<i>cephalexin</i>	CHANGE TIER	Non-Preferred Brands	Generics
01/05/2024	<i>cephalexin</i>	<i>cephalexin</i>	CHANGE TIER	Non-Preferred Brands	Generics
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	CHANGE TIER	Non-Preferred Brands	Generics
01/05/2024	<i>halobetasol propionate</i>	<i>halobetasol propionate</i>	CHANGE TIER	Non-Preferred Brands	Generics
01/05/2024	<i>quinapril-hydrochlorothiazide</i>	<i>quinapril hcl/hydrochlorothiazide</i>	CHANGE TIER	Non-Preferred Brands	Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2024	<i>halobetasol propionate</i>	<i>halobetasol propionate</i>	CHANGE TIER	Non-Preferred Brands	Generics
01/08/2024	<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	TURQOZ	<i>norgestrel-ethinyl estradiol</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	CHANGE TIER	Generics	Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	CHANGE TIER	Generics	Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	CHANGE TIER	Generics	Preferred Generics
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	CHANGE TIER	Generics	Preferred Generics
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>adapalene</i>	<i>adapalene</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>mupirocin</i>	<i>mupirocin calcium</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>mupirocin</i>	<i>mupirocin calcium</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Generics
01/08/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Generics
01/08/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	LUPRON DEPOT	<i>leuprolide acetate</i>	ADD TO FORMULARY		Preferred Brands
01/08/2024	NURTEC ODT	<i>rimegepant sulfate</i>	ADD TO FORMULARY		Preferred Brands
01/08/2024	NURTEC ODT	<i>rimegepant sulfate</i>	ADD TO FORMULARY		Preferred Brands
01/08/2024	STELARA	<i>ustekinumab</i>	ADD TO FORMULARY		Preferred Brands
01/08/2024	CARDURA XL	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Non-Preferred Brands
01/08/2024	NUVESSA	<i>metronidazole</i>	ADD TO FORMULARY		Non-Preferred Brands
01/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/08/2024	<i>ivermectin</i>	<i>ivermectin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>ivermectin</i>	<i>ivermectin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/08/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/08/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>furosemide</i>	<i>furosemide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>cocaine hcl</i>	<i>cocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>cocaine hcl</i>	<i>cocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>prochlorperazine edisylate</i>	<i>prochlorperazine edisylate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>prochlorperazine edisylate</i>	<i>prochlorperazine edisylate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lactated ringers</i>	<i>ringer's solution,lactated</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lactated ringers</i>	<i>ringer's solution,lactated</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>protamine sulfate</i>	<i>protamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>protamine sulfate</i>	<i>protamine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lidocaine hcl in 7.5% dextrose</i>	<i>lidocaine hcl in dextrose 7.5 % in water/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lidocaine hcl in 7.5% dextrose</i>	<i>lidocaine hcl in dextrose 7.5 % in water/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>furosemide</i>	<i>furosemide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>bupivacaine hcl-epinephrine</i>	<i>bupivacaine hcl/epinephrine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>bupivacaine hcl-epinephrine</i>	<i>bupivacaine hcl/epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>bupivacaine hcl-epinephrine</i>	<i>bupivacaine hcl/epinephrine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>bupivacaine hcl-epinephrine</i>	<i>bupivacaine hcl/epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>universal sharps container</i>	<i>container,empty</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>universal sharps container</i>	<i>container,empty</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	PENTAM 300	<i>pentamidine isethionate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	PENTAM 300	<i>pentamidine isethionate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>adenosine</i>	<i>adenosine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>adenosine</i>	<i>adenosine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lactated ringers</i>	<i>ringer's solution,lactated</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lactated ringers</i>	<i>ringer's solution,lactated</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>adenosine</i>	<i>adenosine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>adenosine</i>	<i>adenosine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/08/2024	CELEBREX	<i>celecoxib</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	CELEBREX	<i>celecoxib</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/08/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: COV		Coverage Delay
01/08/2024	BRIXADI	<i>buprenorphine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	EYLEA HD	<i>aflibercept</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: COV		Coverage Delay
01/08/2024	LODOCO	<i>colchicine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	LODOCO	<i>colchicine</i>	ADD UM: COV		Coverage Delay
01/08/2024	<i>mitomycin-sterile water</i>	<i>mitomycin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>mitomycin-sterile water</i>	<i>mitomycin</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>amino acid 3%-d10w</i>	<i>amino acid 3 % comb no.2 (pediatric) in 10 % dextrose</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>amino acid 3%-d10w</i>	<i>amino acid 3 % comb no.2 (pediatric) in 10 % dextrose</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>ephedrine sulfate-0.9% nacl</i>	<i>ephedrine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>ephedrine sulfate-0.9% nacl</i>	<i>ephedrine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>diltiazem hcl-0.9% nacl</i>	<i>diltiazem hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>diltiazem hcl-0.9% nacl</i>	<i>diltiazem hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>ephedrine sulfate-0.9% nacl</i>	<i>ephedrine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>ephedrine sulfate-0.9% nacl</i>	<i>ephedrine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>atropine sulfate</i>	<i>atropine sulfate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>atropine sulfate</i>	<i>atropine sulfate in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>tropicamide-phenylephrine</i>	<i>phenylephrine hcl/tropicamide in sterile water</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>tropicamide-phenylephrine</i>	<i>phenylephrine hcl/tropicamide in sterile water</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/08/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Non FDA Approved Drugs
01/08/2024	TECARTUS	<i>brexucabtagene autoleucl</i>	ADD UM: CS		Core Specialty
01/08/2024	TEMODAR	<i>temozolomide</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: CS		Core Specialty
01/08/2024	LUPRON DEPOT	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
01/08/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: CS		Core Specialty
01/08/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: CS		Core Specialty
01/08/2024	THROMBATE III	<i>antithrombin iii (human plasma derived)</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>mitomycin-sterile water</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
01/08/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: CS		Core Specialty
01/08/2024	TEMODAR	<i>temozolomide</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: CS		Core Specialty
01/08/2024	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	ADD UM: CS		Core Specialty
01/08/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: CS		Core Specialty
01/08/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: CS		Core Specialty
01/08/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: CS		Core Specialty
01/08/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: CS		Core Specialty
01/08/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: CS		Core Specialty
01/08/2024	TOBI	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
01/08/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: CS		Core Specialty
01/08/2024	VABYSMO	<i>faricimab-svoa</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>temsirolimus</i>	<i>temsirolimus</i>	ADD UM: CS		Core Specialty
01/08/2024	VYJUVEK	<i>beremagene geperpavec-svdt</i>	ADD UM: CS		Core Specialty
01/08/2024	TECARTUS	<i>brexucabtagene autoleucel</i>	ADD UM: CS		Core Specialty
01/08/2024	ELREXFIO	<i>elranatamab-bcmm</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>temsirolimus</i>	<i>temsirolimus</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
01/08/2024	VEOPOZ	<i>pozelimab-bbfg</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>topotecan hcl</i>	<i>topotecan hcl</i>	ADD UM: CS		Core Specialty
01/08/2024	ELREXFIO	<i>elranatamab-bcmm</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
01/08/2024	TEZSPIRE	<i>tezepelumab-ekko</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	TRIPTODUR	<i>triptorelin pamoate</i>	ADD UM: CS		Core Specialty
01/08/2024	YESCARTA	<i>axicabtagene ciloleucel</i>	ADD UM: CS		Core Specialty
01/08/2024	STELARA	<i>ustekinumab</i>	ADD UM: CS		Core Specialty
01/08/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>topotecan hcl</i>	<i>topotecan hcl</i>	ADD UM: CS		Core Specialty
01/08/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: CS		Core Specialty
01/08/2024	VABYSMO	<i>faricimab-svoa</i>	ADD UM: CS		Core Specialty
01/08/2024	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: CS		Core Specialty
01/08/2024	VIVITROL	<i>naltrexone microspheres</i>	ADD UM: CS		Core Specialty
01/08/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: CS		Core Specialty
01/08/2024	TYVASO DPI	<i>treprostinil</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>topotecan hcl</i>	<i>topotecan hcl</i>	ADD UM: CS		Core Specialty
01/08/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
01/08/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies
01/08/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: PANAME		PA Applies
01/08/2024	NURTEC ODT	<i>rimegepant sulfate</i>	ADD UM: PANAME		PA Applies
01/08/2024	NURTEC ODT	<i>rimegepant sulfate</i>	ADD UM: PANAME		PA Applies
01/08/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies
01/08/2024	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>adapalene</i>	<i>adapalene</i>	ADD UM: PANAME		PA Applies
01/08/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: PANAME		PA Applies
01/08/2024	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies
01/08/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: PANAME		PA Applies
01/08/2024	STELARA	<i>ustekinumab</i>	ADD UM: PANAME		PA Applies
01/08/2024	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	TURQOZ	<i>norgestrel-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>valsartan- hydrochlorothiazid e</i>	<i>valsartan/hydrochlorothiazid e</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>unistik 2 normal</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/08/2024	HYRIMOZ(CF) PEN PSORIASIS	<i>adalimumab-adaz</i>	ADD UM: QUANTITY		max 1.6 / 180 days
01/08/2024	STELARA	<i>ustekinumab</i>	ADD UM: QUANTITY		max 1 / 56 days
01/08/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	ADD UM: MAXQTYPERDAY		0.015 per day
01/08/2024	NURTEC ODT	<i>rimegepant sulfate</i>	ADD UM: MAXQTYPERDAY		0.534 per day
01/08/2024	NURTEC ODT	<i>rimegepant sulfate</i>	ADD UM: MAXQTYPERDAY		0.534 per day
01/08/2024	NASAL ALLERGY	<i>triamcinolone acetonide</i>	ADD UM: MAXQTYPERDAY		0.564 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD UM: MAXQTYPERDAY		0.6 per day
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/08/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.25 per day
01/08/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: MAXQTYPERDAY		12.0 per day
01/08/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: MAXQTYPERDAY		15.134 per day
01/08/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: MAXQTYPERDAY		15.134 per day
01/08/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/08/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: MAXQTYPERDAY		3.334 per day
01/08/2024	ARTHRITIS PAIN RELIEF	<i>diclofenac sodium</i>	ADD UM: MAXQTYPERDAY		33.334 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	ARTHRITIS PAIN RELIEF	<i>diclofenac sodium</i>	ADD UM: MAXQTYPERDAY		33.334 per day
01/08/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD UM: MAXQTYPERDAY		33.334 per day
01/08/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD UM: MAXQTYPERDAY		33.334 per day
01/08/2024	ARTHRITIS PAIN	<i>diclofenac sodium</i>	ADD UM: MAXQTYPERDAY		33.334 per day
01/08/2024	OZOBAX DS	<i>baclofen</i>	ADD UM: MAXQTYPERDAY		40.0 per day
01/08/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: MAXQTYPERDAY		6.0 per day
01/08/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD UM: B3		All Other
01/08/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD UM: B3		All Other
01/08/2024	<i>adapalene</i>	<i>adapalene</i>	ADD UM: B3		Select Topical Acne
01/08/2024	CARDURA XL	<i>doxazosin mesylate</i>	ADD UM: B4		High Cost Brands and Generics
01/08/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: B4		High Cost Brands and Generics
01/08/2024	<i>mupirocin</i>	<i>mupirocin calcium</i>	ADD UM: B4		High Cost Brands and Generics
01/08/2024	<i>mupirocin</i>	<i>mupirocin calcium</i>	ADD UM: B4		High Cost Brands and Generics
01/08/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: B4		High Cost Brands and Generics
01/08/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: QPBU		HCRIRON Iron Supplements

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: QPBU		HCRIRON Iron Supplements
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: STEP		ST applies
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: STEP		ST applies
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: STEP		ST applies
01/08/2024	LYBALVI	<i>olanzapine/samidorphan malate</i>	ADD UM: STEP		ST applies
01/08/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: SDS		Y
01/08/2024	STELARA	<i>ustekinumab</i>	ADD UM: SDS		Y
01/08/2024	SEMGLEE (YFGN) PEN	<i>insulin glargine-yfgn</i>	ADD UM: FI1		Rx90 + Insulin List
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Rx90 List
01/08/2024	TURQOZ	<i>norgestrel-ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>valsartan-hydrochlorothiazide</i>	<i>valsartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
01/08/2024	CARDURA XL	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
01/08/2024	<i>losartan potassium</i>	<i>losartan potassium</i>	ADD UM: FI1		Rx90 List
01/08/2024	EYLEA HD	<i>afibercept</i>	ADD UM: MED		Medical Drug
01/08/2024	XOLAIR	<i>omalizumab</i>	ADD UM: MED		Medical Drug
01/10/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: COV		Coverage Delay
01/10/2024	FABHALTA	<i>iptacopan hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	FABHALTA	<i>iptacopan hcl</i>	ADD UM: COV		Coverage Delay
01/10/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: COV		Coverage Delay
01/10/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: COV		Coverage Delay
01/10/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: COV		Coverage Delay
01/10/2024	AGAMREE	<i>vamorolone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	AGAMREE	<i>vamorolone</i>	ADD UM: COV		Coverage Delay
01/10/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/10/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: COV		Coverage Delay
01/10/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: COV		Coverage Delay
01/10/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: COV		Coverage Delay
01/10/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: COV		Coverage Delay
01/10/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	REMOVE FROM FORMULARY		Non-Formulary
01/10/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: COV		Coverage Delay
01/10/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: COV		Coverage Delay
01/10/2024	BOSULIF	<i>bosutinib</i>	ADD UM: COV		Coverage Delay
01/10/2024	BOSULIF	<i>bosutinib</i>	ADD UM: COV		Coverage Delay
01/12/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>doxepin hcl</i>	<i>doxepin hcl</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>tamsulosin hcl</i>	<i>tamsulosin hcl</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>doxepin hcl</i>	<i>doxepin hcl</i>	ADD TO FORMULARY		Preferred Generics
01/12/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
01/12/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
01/12/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: MAXQTYPERDAY		0.534 per day
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/12/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
01/12/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
01/12/2024	<i>tamsulosin hcl</i>	<i>tamsulosin hcl</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>doxepin hcl</i>	<i>doxepin hcl</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>doxepin hcl</i>	<i>doxepin hcl</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>propylthiouracil</i>	<i>propylthiouracil</i>	ADD TO FORMULARY		Generics
01/12/2024	VIGPODER	<i>vigabatrin</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>midodrine hcl</i>	<i>midodrine hcl</i>	ADD TO FORMULARY		Generics
01/12/2024	VIGPODER	<i>vigabatrin</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>midodrine hcl</i>	<i>midodrine hcl</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>valsartan</i>	<i>valsartan</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>posaconazole</i>	<i>posaconazole</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>doxepin hcl</i>	<i>doxepin hcl</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>midodrine hcl</i>	<i>midodrine hcl</i>	ADD TO FORMULARY		Generics
01/12/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
01/12/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/12/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
01/12/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>posaconazole</i>	<i>posaconazole</i>	ADD UM: PANAME		PA Applies
01/12/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/12/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/12/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: B4		High Cost Brands and Generics
01/12/2024	VIGPODER	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
01/12/2024	VIGPODER	<i>vigabatrin</i>	ADD UM: CS		Core Specialty
01/12/2024	VIGPODER	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
01/12/2024	VIGPODER	<i>vigabatrin</i>	ADD UM: CS		Core Specialty
01/12/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD TO FORMULARY		Preferred Brands
01/12/2024	<i>eclipse needle</i>	<i>needles, safety</i>	ADD TO FORMULARY		Preferred Brands
01/12/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/12/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
01/12/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
01/12/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD UM: B4		High Cost Brands and Generics
01/12/2024	<i>thiotepa</i>	<i>thiotepa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>thiotepa</i>	<i>thiotepa</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>etomidate</i>	<i>etomidate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>etomidate</i>	<i>etomidate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>posaconazole</i>	<i>posaconazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>posaconazole</i>	<i>posaconazole</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>thiotepa</i>	<i>thiotepa</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>thiotepa</i>	<i>thiotepa</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>posaconazole</i>	<i>posaconazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>posaconazole</i>	<i>posaconazole</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>posaconazole</i>	<i>posaconazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>posaconazole</i>	<i>posaconazole</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>etomidate</i>	<i>etomidate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>etomidate</i>	<i>etomidate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>phenobarbital sodium</i>	<i>phenobarbital sodium</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>phenobarbital sodium</i>	<i>phenobarbital sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>phenobarbital sodium</i>	<i>phenobarbital sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>phenobarbital sodium</i>	<i>phenobarbital sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/12/2024	<i>thiotepa</i>	<i>thiotepa</i>	ADD UM: SPECIALTY		Specialty Drug
01/12/2024	<i>thiotepa</i>	<i>thiotepa</i>	ADD UM: SPECIALTY		Specialty Drug
01/12/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: QPBU		HCRIRON Iron Supplements
01/12/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/12/2024	LIPITOR	<i>atorvastatin calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	LIPITOR	<i>atorvastatin calcium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	LUNESTA	<i>eszopiclone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	LUNESTA	<i>eszopiclone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/12/2024	ACIPHEX	<i>rabeprazole sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	ACIPHEX	<i>rabeprazole sodium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/12/2024	LUNESTA	<i>eszopiclone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	LUNESTA	<i>eszopiclone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/12/2024	LIPITOR	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
01/12/2024	LUNESTA	<i>eszopiclone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/12/2024	LUNESTA	<i>eszopiclone</i>	ADD UM: STEP		ST applies
01/12/2024	LUNESTA	<i>eszopiclone</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	LUNESTA	<i>eszopiclone</i>	ADD UM: STEP		ST applies
01/12/2024	ACIPHEX	<i>rabeprazole sodium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/12/2024	ACIPHEX	<i>rabeprazole sodium</i>	ADD UM: FI1		Rx90 List
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
01/12/2024	COREG CR	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
01/12/2024	<i>ardenafil hcl</i>	<i>ardenafil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ardenafil hcl</i>	<i>ardenafil hcl</i>	ADD UM: COV		Non FDA Approved Drugs
01/12/2024	<i>oxytocin</i>	<i>oxytocin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>oxytocin</i>	<i>oxytocin</i>	ADD UM: COV		Non FDA Approved Drugs
01/12/2024	<i>ardenafil hcl</i>	<i>ardenafil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ardenafil hcl</i>	<i>ardenafil hcl</i>	ADD UM: COV		Non FDA Approved Drugs
01/12/2024	<i>quinacrine dihydrochloride</i>	<i>quinacrine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>quinacrine dihydrochloride</i>	<i>quinacrine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
01/12/2024	<i>ardenafil hcl</i>	<i>ardenafil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>ardenafil hcl</i>	<i>ardenafil hcl</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	<i>varafenafil hcl</i>	<i>varafenafil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>varafenafil hcl</i>	<i>varafenafil hcl</i>	ADD UM: COV		Non FDA Approved Drugs
01/12/2024	IFE-BIMIX 30/1	<i>papaverine hcl/phentolamine mesylate in water</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	IFE-BIMIX 30/1	<i>papaverine hcl/phentolamine mesylate in water</i>	ADD UM: COV		Non FDA Approved Drugs
01/12/2024	<i>amino acids 2.5%-d10w</i>	<i>amino acid 2.5 % comb no.2 (pediatric) in 10 % dextrose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	<i>amino acids 2.5%-d10w</i>	<i>amino acid 2.5 % comb no.2 (pediatric) in 10 % dextrose</i>	ADD UM: COV		Non FDA Approved Drugs
01/12/2024	SALYCIM	<i>salicylic acid</i>	REMOVE FROM FORMULARY		Non-Formulary
01/12/2024	SALYCIM	<i>salicylic acid</i>	ADD UM: COV		Non FDA Approved Drugs
01/12/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD TO FORMULARY	Non-Formulary	Generics
01/12/2024	<i>teriparatide</i>	<i>teriparatide</i>	REMOVE UM: COV	Coverage Delay	
01/12/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD TO FORMULARY	Non-Formulary	Generics
01/12/2024	<i>teriparatide</i>	<i>teriparatide</i>	REMOVE UM: COV	Coverage Delay	
01/12/2024	<i>valsartan</i>	<i>valsartan</i>	CHANGE TIER	Non-Preferred Brands	Generics
01/12/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD TO FORMULARY	Non-Formulary	Generics
01/12/2024	<i>teriparatide</i>	<i>teriparatide</i>	REMOVE UM: COV	Coverage Delay	
01/12/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: PANAME		PA Applies
01/12/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: PANAME		PA Applies
01/12/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: PANAME		PA Applies
01/12/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: PANAME		PA Applies
01/12/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: PANAME		PA Applies
01/12/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: PANAME		PA Applies
01/12/2024	BOSULIF	<i>bosutinib</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/12/2024	BOSULIF	<i>bosutinib</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/12/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD UM: MAXQTYPERDAY		8.0 per day
01/16/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	CHANGE UM: MAXQTYPERDAY	4.0 per day	8.0 per day
01/16/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: PANAME		PA Applies
01/16/2024	LIDOCAN III	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
01/16/2024	CASGEVY	<i>exagamglogene autotemcel</i>	ADD UM: CS		Core Specialty
01/16/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: CS		Core Specialty
01/16/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: CS		Core Specialty
01/16/2024	CASGEVY	<i>exagamglogene autotemcel</i>	ADD UM: CS		Core Specialty
01/16/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: CS		Core Specialty
01/16/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: CS		Core Specialty
01/16/2024	APHEXDA	<i>motixafortide acetate</i>	ADD UM: CS		Core Specialty
01/16/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: CS		Core Specialty
01/16/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: CS		Core Specialty
01/16/2024	FRUZAQLA	<i>fruquintinib</i>	ADD UM: CS		Core Specialty
01/16/2024	TRUQAP	<i>capivasertib</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/16/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: CS		Core Specialty
01/16/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: CS		Core Specialty
01/16/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: CS		Core Specialty
01/16/2024	TRUQAP	<i>capivasertib</i>	ADD UM: CS		Core Specialty
01/16/2024	FABHALTA	<i>iptacopan hcl</i>	ADD UM: CS		Core Specialty
01/16/2024	BOSULIF	<i>bosutinib</i>	ADD UM: CS		Core Specialty
01/16/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: CS		Core Specialty
01/16/2024	FRUZAQLA	<i>fruquintinib</i>	ADD UM: CS		Core Specialty
01/16/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: CS		Core Specialty
01/16/2024	BOSULIF	<i>bosutinib</i>	ADD UM: CS		Core Specialty
01/16/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: CS		Core Specialty
01/16/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: CS		Core Specialty
01/16/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: CS		Core Specialty
01/16/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: CS		Core Specialty
01/16/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: CS		Core Specialty
01/17/2024	FABHALTA	<i>iptacopan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
01/17/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/17/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/17/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
01/17/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: SPECIALTY		Specialty Drug
01/17/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: SPECIALTY		Specialty Drug
01/17/2024	ZURZUVAE	<i>zuranolone</i>	ADD UM: SPECIALTY		Specialty Drug
01/17/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/17/2024	FOLLISTIM AQ	<i>follitropin beta, recombinant</i>	ADD UM: CS		Core Specialty
01/17/2024	FOLLISTIM AQ	<i>follitropin beta, recombinant</i>	ADD UM: CS		Core Specialty
01/19/2024	<i>nortriptyline hcl</i>	<i>nortriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>nortriptyline hcl</i>	<i>nortriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>nortriptyline hcl</i>	<i>nortriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>nortriptyline hcl</i>	<i>nortriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>nortriptyline hcl</i>	<i>nortriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>folic acid</i>	<i>folic acid</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>nortriptyline hcl</i>	<i>nortriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>nortriptyline hcl</i>	<i>nortriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD TO FORMULARY		Preferred Generics
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
01/19/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
01/19/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
01/19/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin macrocrystal</i>	ADD TO FORMULARY		Generics
01/19/2024	KLAYESTA	<i>nystatin</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin macrocrystal</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>doxylamine succ-pyridoxine hcl</i>	<i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>ciclopirox</i>	<i>ciclopirox</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>sod sulf-potass sulf-mag sulf</i>	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>clindamycin phos-tretinoin</i>	<i>clindamycin phosphate/tretinoin</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>sod sulf-potass sulf-mag sulf</i>	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>clindamycin phos-tretinoin</i>	<i>clindamycin phosphate/tretinoin</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin macrocrystal</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD TO FORMULARY		Generics
01/19/2024	KLAYESTA	<i>nystatin</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Generics
01/19/2024	KLAYESTA	<i>nystatin</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Generics
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	ADD UM: B4		High Cost Brands and Generics
01/19/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: B4		High Cost Brands and Generics
01/19/2024	<i>clindamycin phos-tretinoin</i>	<i>clindamycin phosphate/tretinoin</i>	ADD UM: DRUGCLASS		Acne Products
01/19/2024	<i>clindamycin phos-tretinoin</i>	<i>clindamycin phosphate/tretinoin</i>	ADD UM: B4		High Cost Brands and Generics
01/19/2024	<i>clindamycin phos-tretinoin</i>	<i>clindamycin phosphate/tretinoin</i>	ADD UM: DRUGCLASS		Acne Products
01/19/2024	<i>clindamycin phos-tretinoin</i>	<i>clindamycin phosphate/tretinoin</i>	ADD UM: B4		High Cost Brands and Generics
01/19/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/19/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs
01/19/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD UM: B3		All Other
01/19/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD UM: B3		All Other
01/19/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/19/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
01/19/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: SPECIALTY		Specialty Drug
01/19/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>prazosin hcl</i>	<i>prazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD TO FORMULARY		Preferred Brands
01/19/2024	<i>advocate safety lancet</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
01/19/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD TO FORMULARY		Preferred Brands
01/19/2024	<i>assure id pro pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD TO FORMULARY		Preferred Brands
01/19/2024	<i>assure id duo pro sfty pen ndl</i>	<i>pen needle, diabetic, safety</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	<i>advocate safety lancet</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
01/19/2024	<i>advocate safety lancet</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
01/19/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD TO FORMULARY		Preferred Brands
01/19/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD TO FORMULARY		Preferred Brands
01/19/2024	<i>advocate safety lancet</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
01/19/2024	<i>advocate safety lancet</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>advocate safety lancet</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
01/19/2024	<i>advocate safety lancet</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>advocate safety lancet</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
01/19/2024	<i>advocate safety lancet</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/19/2024	<i>assure id duo pro sfty pen ndl</i>	<i>pen needle, diabetic, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes
01/19/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: MAXQTYPERDAY		0.21 per day
01/19/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: DRUGCLASS		Infertility
01/19/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: PANAME		PA Applies
01/19/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: MAXQTYPERDAY		0.208 per day
01/19/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: DRUGCLASS		Infertility
01/19/2024	FOLLISTIM AQ	<i>follitropin beta,recombinant</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	FOLLISTIM AQ	<i>follitropin beta, recombinant</i>	ADD UM: MAXQTYPERDAY		0.195 per day
01/19/2024	FOLLISTIM AQ	<i>follitropin beta, recombinant</i>	ADD UM: DRUGCLASS		Infertility
01/19/2024	FOLLISTIM AQ	<i>follitropin beta, recombinant</i>	ADD UM: PANAME		PA Applies
01/19/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: MAXQTYPERDAY		0.143 per day
01/19/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: DRUGCLASS		Blood/Blood Products
01/19/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: PANAME		PA Applies
01/19/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: SPECIALTY		Specialty Drug
01/19/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: CS		Core Specialty
01/19/2024	<i>clonidine hcl er</i>	<i>clonidine hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
01/19/2024	<i>clonidine hcl er</i>	<i>clonidine hcl</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>clonidine hcl er</i>	<i>clonidine hcl</i>	ADD UM: B4		High Cost Brands and Generics
01/19/2024	<i>ivermectin</i>	<i>ivermectin</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>ivermectin</i>	<i>ivermectin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/19/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/19/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	<i>esmolol hcl-sodium chloride</i>	<i>esmolol hcl in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>esmolol hcl-sodium chloride</i>	<i>esmolol hcl in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>dynaginate ag</i>	<i>silver/calcium alginate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>dynaginate ag</i>	<i>silver/calcium alginate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>sevoflurane</i>	<i>sevoflurane</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>sevoflurane</i>	<i>sevoflurane</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>norepinephrine bitartrate-d5w</i>	<i>norepinephrine bitartrate in 5 % dextrose in water</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>norepinephrine bitartrate-d5w</i>	<i>norepinephrine bitartrate in 5 % dextrose in water</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>esmolol hcl-sodium chloride</i>	<i>esmolol hcl in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>esmolol hcl-sodium chloride</i>	<i>esmolol hcl in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>ephedrine sulfate</i>	<i>ephedrine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>ephedrine sulfate</i>	<i>ephedrine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>esmolol hcl-sodium chloride</i>	<i>esmolol hcl in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	<i>esmolol hcl-sodium chloride</i>	<i>esmolol hcl in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>esmolol hcl-sodium chloride</i>	<i>esmolol hcl in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>esmolol hcl-sodium chloride</i>	<i>esmolol hcl in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: COV		Bucket 2 General Exclusions
01/19/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: QUANTITY		max 730 days / fill
01/19/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: SDS		Y
01/19/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: CS		Core Specialty
01/19/2024	<i>zoledronic acid</i>	<i>zoledronic acid</i>	ADD UM: SPECIALTY		Specialty Drug
01/19/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/19/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/19/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
01/19/2024	DETROL LA	<i>tolterodine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	DETROL LA	<i>tolterodine tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/19/2024	DETROL LA	<i>tolterodine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	DETROL LA	<i>tolterodine tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/19/2024	CELEBREX	<i>celecoxib</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	CELEBREX	<i>celecoxib</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
01/19/2024	DETROL LA	<i>tolterodine tartrate</i>	ADD UM: FI1		Rx90 List
01/19/2024	DETROL LA	<i>tolterodine tartrate</i>	ADD UM: FI1		Rx90 List
01/19/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>latanoprost</i>	<i>latanoprost</i>	ADD UM: COV		Non FDA Approved Drugs
01/19/2024	EMREAL	<i>lidocaine/prilocaine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	EMREAL	<i>lidocaine/prilocaine</i>	ADD UM: COV		Non FDA Approved Drugs
01/19/2024	LIDOLITE	<i>lidocaine</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	LIDOLITE	<i>lidocaine</i>	ADD UM: COV		Non FDA Approved Drugs
01/19/2024	TULIVITE	<i>ferrous sulfate/folic acid</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	TULIVITE	<i>ferrous sulfate/folic acid</i>	ADD UM: COV		Non FDA Approved Drugs
01/19/2024	<i>hydromorphone hcl-nacl</i>	<i>hydromorphone hcl in sodium chloride, iso- osmotic/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2024	<i>hydromorphone hcl-nacl</i>	<i>hydromorphone hcl in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs
01/19/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD UM: COV		Non FDA Approved Drugs
01/19/2024	<i>methylene blue</i>	<i>methylene blue</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>methylene blue</i>	<i>methylene blue</i>	ADD UM: COV		Non FDA Approved Drugs
01/19/2024	<i>multivitamin with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>multivitamin with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride</i>	ADD UM: COV		Non FDA Approved Drugs
01/19/2024	<i>methylene blue</i>	<i>methylene blue</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	<i>methylene blue</i>	<i>methylene blue</i>	ADD UM: COV		Non FDA Approved Drugs
01/19/2024	PROLENSA	<i>bromfenac sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/19/2024	PROLENSA	<i>bromfenac sodium</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 MSC O Non Covered Drugs
01/19/2024	<i>cocaine hcl</i>	<i>cocaine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
01/24/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
01/24/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/24/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
01/24/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
01/26/2024	DONNATAL	<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	DONNATAL	<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>	ADD UM: COV		Non FDA Approved Drugs
01/26/2024	DONNATAL	<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	DONNATAL	<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>	ADD UM: COV		Non FDA Approved Drugs
01/26/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	NORA-BE	<i>norethindrone</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>prochlorperazine maleate</i>	<i>prochlorperazine maleate</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>erythromycin</i>	<i>erythromycin base</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
01/26/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
01/26/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/26/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/26/2024	NORA-BE	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
01/26/2024	NORA-BE	<i>norethindrone</i>	ADD UM: DRUGCLASS		Contraceptives
01/26/2024	NORA-BE	<i>norethindrone</i>	ADD UM: FI1		Rx90 List
01/26/2024	NORA-BE	<i>norethindrone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
01/26/2024	NORA-BE	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
01/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
01/26/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/26/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
01/26/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
01/26/2024	<i>fluorometholone</i>	<i>fluorometholone</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	<i>pyridostigmine bromide</i>	<i>pyridostigmine bromide</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>pentoxifylline</i>	<i>pentoxifylline</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>mesalamine</i>	<i>mesalamine</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>fluorometholone</i>	<i>fluorometholone</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>tacrolimus</i>	<i>tacrolimus</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>prochlorperazine maleate</i>	<i>prochlorperazine maleate</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>tacrolimus</i>	<i>tacrolimus</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>tacrolimus</i>	<i>tacrolimus</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>pentoxifylline</i>	<i>pentoxifylline</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
01/26/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/26/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
01/26/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: B4		High Cost Brands and Generics
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/26/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>pentoxifylline</i>	<i>pentoxifylline</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>pentoxifylline</i>	<i>pentoxifylline</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
01/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
01/26/2024	FYCOMPA	<i>perampanel</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	FYCOMPA	<i>perampanel</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	ELIGARD	<i>leuprolide acetate</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	FYCOMPA	<i>perampanel</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	FYCOMPA	<i>perampanel</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	FYCOMPA	<i>perampanel</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	FYCOMPA	<i>perampanel</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	SUCRAID	<i>sacrosidase</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	FYCOMPA	<i>perampanel</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/26/2024	ADTHYZA	<i>thyroid,pork</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
01/26/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: QUANTITY		max 120 days / fill
01/26/2024	ELIGARD	<i>leuprolide acetate</i>	ADD UM: SDS		Y
01/26/2024	SUCRAID	<i>sacrosidase</i>	ADD UM: MAXQTYPERDAY		10.0 per day
01/26/2024	SUCRAID	<i>sacrosidase</i>	ADD UM: PANAME		PA Applies
01/26/2024	SUCRAID	<i>sacrosidase</i>	ADD UM: SPECIALTY		Specialty Drug
01/26/2024	SUCRAID	<i>sacrosidase</i>	ADD UM: CS		Core Specialty
01/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/26/2024	<i>embrace wave glucose test strp</i>	<i>blood sugar diagnostic</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>embrace wave glucose test strp</i>	<i>blood sugar diagnostic</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
01/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
01/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
01/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: STEP		ST applies
01/26/2024	<i>embrace wave glucose test strp</i>	<i>blood sugar diagnostic</i>	ADD UM: MAXQTYPERDAY		6.8 per day
01/26/2024	<i>embrace wave glucose test strp</i>	<i>blood sugar diagnostic</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
01/26/2024	<i>chlordiazepoxide-clidinium</i>	<i>chlordiazepoxide/clidinium bromide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>chlordiazepoxide-clidinium</i>	<i>chlordiazepoxide/clidinium bromide</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
01/26/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: COV		Bucket 2 General Exclusions
01/26/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: DRUGCLASS		Immune Serums
01/26/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: DRUGCLASS		Immune Serums
01/26/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
01/26/2024	<i>levocarnitine</i>	<i>levocarnitine (with sugar)</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>levocarnitine</i>	<i>levocarnitine (with sugar)</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
01/26/2024	<i>levocarnitine</i>	<i>levocarnitine (with sugar)</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>levocarnitine</i>	<i>levocarnitine (with sugar)</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	<i>multivitamin with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>multivitamin with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride</i>	ADD UM: COV		Non FDA Approved Drugs
01/26/2024	<i>ketamine hcl-water</i>	<i>ketamine hcl in sterile water</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>ketamine hcl-water</i>	<i>ketamine hcl in sterile water</i>	ADD UM: COV		Non FDA Approved Drugs
01/26/2024	<i>multivitamin with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>multivitamin with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride</i>	ADD UM: COV		Non FDA Approved Drugs
01/26/2024	<i>hydromorphone hcl-nacl</i>	<i>hydromorphone hcl in sodium chloride, iso-osmotic/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>hydromorphone hcl-nacl</i>	<i>hydromorphone hcl in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs
01/26/2024	<i>hydroquinone</i>	<i>hydroquinone</i>	REMOVE FROM FORMULARY		Non-Formulary
01/26/2024	<i>hydroquinone</i>	<i>hydroquinone</i>	ADD UM: COV		Non FDA Approved Drugs
01/26/2024	<i>freestyle libre 3 reader</i>	<i>blood-glucose meter,continuous</i>	ADD UM: STEP		ST applies
01/26/2024	<i>freestyle libre 3 reader</i>	<i>blood-glucose meter,continuous</i>	REMOVE UM: PANAME	PA Applies	
01/26/2024	NUCALA	<i>mepolizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 Institutional and Hospital Pack
01/26/2024	BOSULIF	<i>bosutinib</i>	CHANGE UM: MAXQTYPERDAY	3 per day	5.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/26/2024	LOCOID LIPOCREAM	<i>hydrocortisone butyrate/emollient base</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	LOCOID LIPOCREAM	<i>hydrocortisone butyrate/emollient base</i>	ADD UM: B4		High Cost Brands and Generics
01/26/2024	LOCOID LIPOCREAM	<i>hydrocortisone butyrate/emollient base</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	
01/26/2024	ANALPRAM HC	<i>hydrocortisone acetate/pramoxine hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
01/26/2024	ANALPRAM HC	<i>hydrocortisone acetate/pramoxine hcl</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	
01/31/2024	RIVFLOZA	<i>nedosiran sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/31/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: COV		Coverage Delay
01/31/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	REMOVE FROM FORMULARY		Non-Formulary
01/31/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	ADD UM: COV		Coverage Delay
01/31/2024	RIVFLOZA	<i>nedosiran sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/31/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: COV		Coverage Delay
01/31/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/31/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: COV		Coverage Delay
01/31/2024	RIVFLOZA	<i>nedosiran sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
01/31/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: COV		Coverage Delay
01/31/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

February, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	ADD TO FORMULARY		Preferred Brands
02/01/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	REMOVE UM: COV	Bucket 2 General Exclusions	
02/01/2024	JYNNEOS (NATIONAL STOCKPILE)	<i>smallpox and monkeypox vaccine, live, nonreplicating/pf</i>	ADD TO FORMULARY		Preferred Brands
02/01/2024	JYNNEOS (NATIONAL STOCKPILE)	<i>smallpox and monkeypox vaccine, live, nonreplicating/pf</i>	REMOVE UM: COV	Bucket 2 General Exclusions	
02/01/2024	JYNNEOS, JYNN EOS (NATIONAL STOCKPILE)	<i>smallpox and monkeypox vaccine, live, nonreplicating/pf, smallpox and mpox vaccine, live, nonreplicating/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
02/01/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
02/01/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
02/01/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	REMOVE UM: COV	Bucket 2 General Exclusions	
02/01/2024	BOTOX	<i>onabotulinumtoxinA</i>	REMOVE UM: MED	Medical Drug	
02/01/2024	EYLEA	<i>aflibercept</i>	REMOVE UM: MED	Medical Drug	
02/01/2024	EYLEA	<i>aflibercept</i>	REMOVE UM: MED	Medical Drug	
02/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE UM: MED	Medical Drug	
02/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE UM: MED	Medical Drug	
02/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE UM: MED	Medical Drug	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	NUCALA	<i>mepolizumab</i>	REMOVE UM: MED	Medical Drug	
02/01/2024	XOLAIR	<i>omalizumab</i>	REMOVE UM: MED	Medical Drug	
02/01/2024	BOSULIF	<i>bosutinib</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	BOSULIF	<i>bosutinib</i>	ADD UM: SPECIALTY		Specialty Drug
02/01/2024	EYLEA	<i>aflibercept</i>	REMOVE UM: PANAME	PA Applies	
02/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE UM: PANAME	PA Applies	
02/01/2024	NUCALA	<i>mepolizumab</i>	REMOVE UM: PANAME	PA Applies	
02/01/2024	EYLEA	<i>aflibercept</i>	REMOVE UM: PANAME	PA Applies	
02/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE UM: PANAME	PA Applies	
02/01/2024	BOTOX	<i>onabotulinumtoxinA</i>	REMOVE UM: PANAME	PA Applies	
02/01/2024	LUCENTIS	<i>ranibizumab</i>	REMOVE UM: PANAME	PA Applies	
02/01/2024	XOLAIR	<i>omalizumab</i>	REMOVE UM: PANAME	PA APPLIES	
02/02/2024	AVONEX PEN	<i>interferon beta-1a</i>	CHANGE UM: MAXQTYPERDAY	0.034 per day	0.036 per day
02/02/2024	AVONEX	<i>interferon beta-1a</i>	CHANGE UM: MAXQTYPERDAY	0.034 per day	0.036 per day
02/02/2024	AVONEX PEN	<i>interferon beta-1a</i>	CHANGE UM: MAXQTYPERDAY	0.034 per day	0.036 per day
02/02/2024	AVONEX	<i>interferon beta-1a</i>	CHANGE UM: MAXQTYPERDAY	0.034 per day	0.036 per day
02/02/2024	AVONEX	<i>interferon beta-1a</i>	CHANGE UM: MAXQTYPERDAY	0.034 per day	0.036 per day
02/02/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD UM: MAXQTYPERDAY		4.0 per day
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>clindamycin hcl</i>	<i>clindamycin hcl</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>risperidone</i>	<i>risperidone</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>clindamycin hcl</i>	<i>clindamycin hcl</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>clindamycin hcl</i>	<i>clindamycin hcl</i>	ADD TO FORMULARY		Preferred Generics
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: QPBU		HCRFS Fluoride Supplements
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: Up to 16 years
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: QPBU		HCRFS Fluoride Supplements
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: Up to 16 years
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: QPBU		HCRFS Fluoride Supplements
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: Up to 16 years
02/02/2024	<i>fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/02/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/02/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>loperamide</i>	<i>loperamide hcl</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>timolol maleate</i>	<i>timolol maleate/pf</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>linezolid</i>	<i>linezolid</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>linezolid</i>	<i>linezolid</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>loperamide</i>	<i>loperamide hcl</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>phytonadione</i>	<i>phytonadione (vit k1)</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>phytonadione</i>	<i>phytonadione (vit k1)</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>carbidopa</i>	<i>carbidopa</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
02/02/2024	<i>carbidopa</i>	<i>carbidopa</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/02/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/02/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole dr</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole dr</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole dr</i>	ADD UM: B3		Ulcer Drugs, PPI
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole dr</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole dr</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole dr</i>	ADD UM: B3		Ulcer Drugs, PPI
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole dr</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole dr</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole dr</i>	ADD UM: B3		Ulcer Drugs, PPI

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: MAXQTYPERDAY		15.0 per day
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: PANAME		PA Applies
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: B4		High Cost Brands and Generics
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: CS		Core Specialty
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: MAXQTYPERDAY		6.0 per day
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: PANAME		PA Applies
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: B4		High Cost Brands and Generics
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: CS		Core Specialty
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: MAXQTYPERDAY		6.0 per day
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: PANAME		PA Applies
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: B4		High Cost Brands and Generics
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>droxidopa</i>	<i>droxidopa</i>	ADD UM: CS		Core Specialty
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: B3		Ulcer Drugs, H2 Antagonists
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: B3		Ulcer Drugs, H2 Antagonists

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: MAXQTYPERDAY		0.084 per day
02/02/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: DRUGCLASS		Infertility
02/02/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: PANAME		PA Applies
02/02/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: CS		Core Specialty
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
02/02/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
02/02/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
02/02/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
02/02/2024	<i>loperamide</i>	<i>loperamide hcl</i>	ADD UM: B3		All Other
02/02/2024	<i>loperamide</i>	<i>loperamide hcl</i>	ADD UM: B3		All Other
02/02/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD UM: PANAME		PA Applies
02/02/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD UM: CS		Core Specialty
02/02/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/02/2024	<i>paliperidone er</i>	<i>paliperidone</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>timolol maleate</i>	<i>timolol maleate/pf</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>timolol maleate</i>	<i>timolol maleate/pf</i>	ADD UM: B4		High Cost Brands and Generics
02/02/2024	<i>techlite lancets</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
02/02/2024	<i>unifine protect</i>	<i>pen needle, diabetic disposable, safety</i>	ADD TO FORMULARY		Preferred Brands
02/02/2024	<i>unifine protect</i>	<i>pen needle, diabetic disposable, safety</i>	ADD TO FORMULARY		Preferred Brands
02/02/2024	<i>unifine protect</i>	<i>pen needle, diabetic disposable, safety</i>	ADD TO FORMULARY		Preferred Brands
02/02/2024	<i>caresens lancet</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
02/02/2024	<i>unifine protect</i>	<i>pen needle, diabetic disposable, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>unifine protect</i>	<i>pen needle, diabetic disposable, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>unifine protect</i>	<i>pen needle, diabetic disposable, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes
02/02/2024	<i>unifine protect</i>	<i>pen needle, diabetic disposable, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>unifine protect</i>	<i>pen needle, diabetic disposable, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes
02/02/2024	<i>unifine protect</i>	<i>pen needle, diabetic disposable, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>caresens lancet</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
02/02/2024	<i>caresens lancet</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	ADD UM: MAXQTYPERDAY		0.084 per day
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	ADD UM: MAXQTYPERDAY		0.084 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	ADD UM: MAXQTYPERDAY		0.084 per day
02/02/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	ADD UM: FI1		Rx90 List
02/02/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	COMBOGESIC IV	<i>ibuprofen sodium/acetaminophen</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	COMBOGESIC IV	<i>ibuprofen sodium/acetaminophen</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>heparin sodium-0.9% nacl</i>	<i>heparin sodium,porcine in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>heparin sodium-0.9% nacl</i>	<i>heparin sodium,porcine in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>lacosamide</i>	<i>lacosamide</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	COMBOGESIC IV	<i>ibuprofen sodium/acetaminophen</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	COMBOGESIC IV	<i>ibuprofen sodium/acetaminophen</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>carmustine</i>	<i>carmustine</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>calcium gluconate-nacl</i>	<i>calcium gluconate in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>calcium gluconate-nacl</i>	<i>calcium gluconate in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>lacosamide</i>	<i>lacosamide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>calcium gluconate-nacl</i>	<i>calcium gluconate in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>calcium gluconate-nacl</i>	<i>calcium gluconate in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>fomepizole</i>	<i>fomepizole</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>fomepizole</i>	<i>fomepizole</i>	ADD UM: COV		Bucket 2 General Exclusions
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>carboplatin</i>	<i>carboplatin</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: CS		Core Specialty
02/02/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>ketamine hydrochloride</i>	<i>ketamine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>ketamine hydrochloride</i>	<i>ketamine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>sirolimus</i>	<i>sirolimus</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>sirolimus</i>	<i>sirolimus</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>ectoseal</i>	<i>powder base no.266</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>ectoseal</i>	<i>powder base no.266</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>carmustine</i>	<i>carmustine</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>polyethylene glycol</i>	<i>polyethylene glycol 200</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>polyethylene glycol</i>	<i>polyethylene glycol 200</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>albendazole</i>	<i>albendazole</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>albendazole</i>	<i>albendazole</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>ketoprofen</i>	<i>ketoprofen</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>ketoprofen</i>	<i>ketoprofen</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>ketoprofen</i>	<i>ketoprofen</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>ketoprofen</i>	<i>ketoprofen</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>albendazole</i>	<i>albendazole</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>albendazole</i>	<i>albendazole</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>albendazole</i>	<i>albendazole</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>albendazole</i>	<i>albendazole</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>ketoprofen</i>	<i>ketoprofen</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2024	<i>ketoprofen</i>	<i>ketoprofen</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	L-MESITRAN SOFT	<i>honey</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	L-MESITRAN SOFT	<i>honey</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>ketoprofen</i>	<i>ketoprofen</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>ketoprofen</i>	<i>ketoprofen</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>poloxamer 407</i>	<i>poloxamer</i>	REMOVE FROM FORMULARY		Non-Formulary
02/02/2024	<i>poloxamer 407</i>	<i>poloxamer</i>	ADD UM: COV		Non FDA Approved Drugs
02/02/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: CS		Core Specialty
02/02/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: SPECIALTY		Specialty Drug
02/02/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	REMOVE UM: PANAME	PA Applies	
02/02/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	REMOVE UM: PANAME	PA Applies	
02/06/2024	DEFENCATH	<i>taurolidine in heparin sodium, porcine</i>	REMOVE FROM FORMULARY		Non-Formulary
02/06/2024	DEFENCATH	<i>taurolidine in heparin sodium, porcine</i>	ADD UM: COV		Coverage Delay
02/06/2024	DEFENCATH	<i>taurolidine in heparin sodium, porcine</i>	REMOVE FROM FORMULARY		Non-Formulary
02/06/2024	DEFENCATH	<i>taurolidine in heparin sodium, porcine</i>	ADD UM: COV		Coverage Delay
02/08/2024	TIGLUTIK	<i>riluzole</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	<i>folic acid</i>	<i>folic acid</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	ASPIRIN REGIMEN	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD TO FORMULARY		Preferred Generics
02/09/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/09/2024	ASPIRIN REGIMEN	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
02/09/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
02/09/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/09/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/09/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/09/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
02/09/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
02/09/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
02/09/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
02/09/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>bethanechol chloride</i>	<i>bethanechol chloride</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>bethanechol chloride</i>	<i>bethanechol chloride</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>desloratadine</i>	<i>desloratadine</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>bethanechol chloride</i>	<i>bethanechol chloride</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>bethanechol chloride</i>	<i>bethanechol chloride</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>desvenlafaxine succinate er</i>	<i>desvenlafaxine succinate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>desloratadine</i>	<i>desloratadine</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>phytonadione</i>	<i>phytonadione (vit k1)</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD TO FORMULARY		Generics
02/09/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>desloratadine</i>	<i>desloratadine</i>	ADD UM: B3		Non Sedating Antihistamines
02/09/2024	<i>desloratadine</i>	<i>desloratadine</i>	ADD UM: B3		Non Sedating Antihistamines
02/09/2024	<i>desvenlafaxine succinate er</i>	<i>desvenlafaxine succinate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/09/2024	<i>desvenlafaxine succinate er</i>	<i>desvenlafaxine succinate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
02/09/2024	<i>easy comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>easy comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD TO FORMULARY		Preferred Brands
02/09/2024	HIBERIX	<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	ADD TO FORMULARY		Preferred Brands
02/09/2024	HIBERIX	<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
02/09/2024	HIBERIX	<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
02/09/2024	HIBERIX	<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/09/2024	<i>easy comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes
02/09/2024	<i>easy comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/09/2024	<i>easy comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes
02/09/2024	<i>easy comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/09/2024	TEGLUTIK	<i>riluzole</i>	ADD TO FORMULARY		Non-Preferred Brands
02/09/2024	<i>advin covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
02/09/2024	<i>advin covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
02/09/2024	ECOZA	<i>econazole nitrate</i>	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>advin covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
02/09/2024	<i>advin covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
02/09/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: CS		Core Specialty
02/09/2024	<i>tetracycline hcl</i>	<i>tetracycline hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>tetracycline hcl</i>	<i>tetracycline hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/09/2024	<i>tetracycline hcl</i>	<i>tetracycline hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>tetracycline hcl</i>	<i>tetracycline hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/09/2024	<i>cefazolin sodium</i>	<i>cefazolin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>cefazolin sodium</i>	<i>cefazolin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	FLEXBUMIN	<i>albumin human</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	FLEXBUMIN	<i>albumin human</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	PITOCIN	<i>oxytocin</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	PITOCIN	<i>oxytocin</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	<i>cefazolin sodium</i>	<i>cefazolin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>cefazolin sodium</i>	<i>cefazolin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	<i>tirofiban hcl</i>	<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>tirofiban hcl</i>	<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	CARDIOGEN-82	<i>rubidium rb-82 chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	CARDIOGEN-82	<i>rubidium rb-82 chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/09/2024	FLEXBUMIN	<i>albumin human</i>	ADD UM: DRUGCLASS		Blood/Blood Products
02/09/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>hydromorphone hcl-nacl</i>	<i>hydromorphone hcl in sodium chloride, iso-osmotic/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>hydromorphone hcl-nacl</i>	<i>hydromorphone hcl in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>sodium fluoride</i>	<i>fluoride (sodium)</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>sodium fluoride</i>	<i>fluoride (sodium)</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>latanoprost</i>	<i>latanoprost</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>ketamine hcl-nacl</i>	<i>ketamine hcl in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>ketamine hcl-nacl</i>	<i>ketamine hcl in sodium chloride, iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
02/09/2024	<i>ketamine hcl-nacl</i>	<i>ketamine hcl in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
02/09/2024	<i>ketamine hcl-nacl</i>	<i>ketamine hcl in sodium chloride, iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	ECOZA	<i>econazole nitrate</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: B4		High Cost Brands and Generics
02/09/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		PA Applies
02/09/2024	<i>cocaine hcl</i>	<i>cocaine hcl</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
02/09/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
02/09/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
02/09/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
02/09/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
02/09/2024	WYNZORA	<i>calcipotriene/betamethason e dipropionate</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 Institutional and Hospital Pack
02/09/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>metaxalone</i>	<i>metaxalone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>sucralfate</i>	<i>sucralfate</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	LICART	<i>diclofenac epolamine</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/09/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>sucralfate</i>	<i>sucralfate</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>sucralfate</i>	<i>sucralfate</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	<i>carbinoxamine maleate</i>	<i>carbinoxamine maleate</i>	REMOVE UM: B4	High Cost Brands and Generics	
02/09/2024	XOLAIR	<i>omalizumab</i>	REMOVE UM: PANAME	PA Applies	
02/13/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
02/13/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	IDOSE TR	<i>travoprost</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	ROZLYTREK	<i>entrectinib</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	<i>water</i>	<i>water for injection,sterile</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	WAINUA	<i>eplontersen sodium</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate (non-refrigerated)</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	ROZLYTREK	<i>entrectinib</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	<i>carboplatin</i>	<i>carboplatin</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
02/16/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	KOATE-DVI	<i>antihemophilic factor, human</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	PREGNYL	<i>chorionic gonadotropin, human</i>	ADD UM: CS		Core Specialty
02/16/2024	FERRIPROX	<i>deferiprone</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	HADLIMA PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
02/16/2024	ESBRIET	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	IWILFIN	<i>eflornithine hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	ZORBTIVE	<i>somatropin</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>dalfampridine er</i>	<i>dalfampridine</i>	ADD UM: CS		Core Specialty
02/16/2024	GLATOPA	<i>glatiramer acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>riluzole</i>	<i>riluzole</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>dalfampridine er</i>	<i>dalfampridine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sorafenib</i>	<i>sorafenib tosylate</i>	ADD UM: CS		Core Specialty
02/16/2024	HADLIMA	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>icatibant</i>	<i>icatibant acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	TIBSOVO	<i>ivosidenib</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	ZAVESCA	<i>miglustat</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	HADLIMA(CF) PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	RUZURGI	<i>amifampridine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	GLATOPA	<i>glatiramer acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	AGAMREE	<i>vamorolone</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>flutamide</i>	<i>flutamide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>hydroxyurea</i>	<i>hydroxyurea</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	FERRIPROX	<i>deferiprone</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: CS		Core Specialty
02/16/2024	KOATE-DVI	<i>antihemophilic factor, human</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>bexarotene</i>	<i>bexarotene</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>icatibant</i>	<i>icatibant acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	CERDELGA	<i>eliglustat tartrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>dalfampridine er</i>	<i>dalfampridine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
02/16/2024	ALTUVIIIIO	<i>antihemophilic factor rfviii fc-vwf-xten, bdd-eh1</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>hydroxyurea</i>	<i>hydroxyurea</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: CS		Core Specialty
02/16/2024	THROMBATE III	<i>antithrombin iii (human plasma derived)</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
02/16/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	ADD UM: CS		Core Specialty
02/16/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>penicillamine</i>	<i>penicillamine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
02/16/2024	VIEKIRA PAK	<i>ombitasvir/paritaprevir/ritonavir/dasabuvir sodium</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	GONAL-F RFF	<i>follitropin alfa, recombinant</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
02/16/2024	VELCADE	<i>bortezomib</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	OMNITROPE	<i>somatropin</i>	ADD UM: CS		Core Specialty
02/16/2024	OBIZUR	<i>antihemophilic factor viii, recombinant porcine sequence</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>riluzole</i>	<i>riluzole</i>	ADD UM: CS		Core Specialty
02/16/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	OMNITROPE	<i>somatropin</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	ADCIRCA	<i>tadalafil</i>	ADD UM: CS		Core Specialty
02/16/2024	ADCIRCA	<i>tadalafil</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
02/16/2024	AVASTIN	<i>bevacizumab</i>	ADD UM: CS		Core Specialty
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
02/16/2024	FERRIPROX	<i>deferiprone</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
02/16/2024	AVASTIN	<i>bevacizumab</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
02/16/2024	VITRAKVI	<i>larotrectinib sulfate</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>penicillamine</i>	<i>penicillamine</i>	ADD UM: CS		Core Specialty
02/16/2024	ADCIRCA	<i>tadalafil</i>	ADD UM: CS		Core Specialty
02/16/2024	HADLIMA(CF)	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
02/16/2024	ADCIRCA	<i>tadalafil</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SDS		Y
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: SDS		Y
02/16/2024	PREGNYL	<i>chorionic gonadotropin, human</i>	ADD UM: SDS		Y

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: SDS		Y
02/16/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: SDS		Y
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: SDS		Y
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: SDS		Y
02/16/2024	PREGNYL	<i>chorionic gonadotropin, human</i>	ADD UM: QUANTITY		max 42 days / fill
02/16/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: QUANTITY		max 56 days / fill
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill
02/16/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill
02/16/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: QUANTITY		max 730 days / fill
02/16/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	ADD UM: CS		Core Specialty
02/16/2024	ADZYNMA	<i>adamts13, recombinant-krhn</i>	ADD UM: CS		Core Specialty
02/16/2024	COPIKTRA	<i>duvelisib</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>mitomycin-sterile water</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
02/16/2024	SKYRIZI	<i>risankizumab-rzaa</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
02/16/2024	XYNTHA	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: CS		Core Specialty
02/16/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: CS		Core Specialty
02/16/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: CS		Core Specialty
02/16/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: CS		Core Specialty
02/16/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: CS		Core Specialty
02/16/2024	XYNTHA SOLOFUSE	<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	ADD UM: CS		Core Specialty
02/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole/trimethoprim</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole/trimethoprim</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>ipratropium bromide</i>	<i>ipratropium bromide</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole/trimethoprim</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole/trimethoprim</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>gemfibrozil</i>	<i>gemfibrozil</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
02/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>gemfibrozil</i>	<i>gemfibrozil</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>gemfibrozil</i>	<i>gemfibrozil</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>ipratropium bromide</i>	<i>ipratropium bromide</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>ipratropium bromide</i>	<i>ipratropium bromide</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: MAXQTYPERDAY		4.0 per day
02/16/2024	<i>risperidone</i>	<i>risperidone</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
02/16/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
02/16/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: MAXQTYPERDAY		15.134 per day
02/16/2024	<i>budesonide</i>	<i>budesonide</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>metolazone</i>	<i>metolazone</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>metolazone</i>	<i>metolazone</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>dextroamphetami ne-amphet er</i>	<i>dextroamphetamine sulf- saccharate/amphetamine sulf-aspartate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>metolazone</i>	<i>metolazone</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>budesonide</i>	<i>budesonide</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>cevimeline hcl</i>	<i>cevimeline hcl</i>	ADD TO FORMULARY		Generics
02/16/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>budesonide</i>	<i>budesonide</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>budesonide</i>	<i>budesonide</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>budesonide</i>	<i>budesonide</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>budesonide</i>	<i>budesonide</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD UM: B3		Non Sedating Antihistamines
02/16/2024	<i>cevimeline hcl</i>	<i>cevimeline hcl</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/16/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs
02/16/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/16/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/16/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs
02/16/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
02/16/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
02/16/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
02/16/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
02/16/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	BAQSIMI	<i>glucagon</i>	ADD TO FORMULARY		Preferred Brands
02/16/2024	BAQSIMI	<i>glucagon</i>	ADD TO FORMULARY		Preferred Brands
02/16/2024	BAQSIMI	<i>glucagon</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	BAQSIMI	<i>glucagon</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	CLEOCIN	<i>clindamycin phosphate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	CLEOCIN	<i>clindamycin phosphate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/16/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/16/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: FI1		Rx90 List
02/16/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/16/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>famotidine</i>	<i>famotidine</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	ROBAXIN	<i>methocarbamol</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	ROBAXIN	<i>methocarbamol</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>water</i>	<i>water for injection,sterile</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>water</i>	<i>water for injection,sterile</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	TECHNELITE TC-99M GENERATOR	<i>sodium pertechnetate tc-99m</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	ADD UM: COV		Bucket 2 General Exclusions
02/16/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	ADD UM: DRUGCLASS		Immune Serums
02/16/2024	WINRHO SDF	<i>rho(d) immune globulin/maltose</i>	ADD UM: DRUGCLASS		Immune Serums
02/16/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>alvimopan</i>	<i>alvimopan</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>alvimopan</i>	<i>alvimopan</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
02/16/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/16/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
02/16/2024	NITROSTAT	<i>nitroglycerin</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	NITROSTAT	<i>nitroglycerin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
02/16/2024	NITROSTAT	<i>nitroglycerin</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	NITROSTAT	<i>nitroglycerin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
02/16/2024	NITROSTAT	<i>nitroglycerin</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	NITROSTAT	<i>nitroglycerin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
02/16/2024	<i>midazolam-nacl</i>	<i>midazolam in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>midazolam-nacl</i>	<i>midazolam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
02/16/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>midazolam-nacl</i>	<i>midazolam in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>midazolam-nacl</i>	<i>midazolam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
02/16/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
02/16/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
02/16/2024	<i>midazolam-nacl</i>	<i>midazolam in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>midazolam-nacl</i>	<i>midazolam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
02/16/2024	<i>hydromorphone hcl-nacl</i>	<i>hydromorphone hcl in sodium chloride, iso-osmotic/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>hydromorphone hcl-nacl</i>	<i>hydromorphone hcl in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs
02/16/2024	<i>oxytocin-0.9% nacl</i>	<i>oxytocin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>oxytocin-0.9% nacl</i>	<i>oxytocin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
02/16/2024	<i>sodium sulfacetamide</i>	<i>sulfacetamide sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
02/16/2024	<i>sodium sulfacetamide</i>	<i>sulfacetamide sodium</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/16/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	CHANGE TIER	Non-Preferred Brands	Generics
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	REMOVE UM: FI1	Rx90 List	
02/16/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
02/19/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: CS		Core Specialty
02/19/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
02/19/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: CS		Core Specialty
02/19/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
02/19/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: CS		Core Specialty
02/19/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
02/19/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: CS		Core Specialty
02/19/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
02/20/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD UM: SPECIALTY		Specialty Drug
02/20/2024	XOLAIR	<i>omalizumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/20/2024	XOLAIR	<i>omalizumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/20/2024	XOLAIR	<i>omalizumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/20/2024	XOLAIR	<i>omalizumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/20/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD UM: CS		Core Specialty
02/20/2024	XOLAIR	<i>omalizumab</i>	ADD UM: CS		Core Specialty
02/20/2024	XOLAIR	<i>omalizumab</i>	ADD UM: CS		Core Specialty
02/20/2024	XOLAIR	<i>omalizumab</i>	ADD UM: CS		Core Specialty
02/20/2024	XOLAIR	<i>omalizumab</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2024	EOHILIA	<i>budesonide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/21/2024	EOHILIA	<i>budesonide</i>	ADD UM: COV		Coverage Delay
02/21/2024	ALVAIZ	<i>eltrombopag choline</i>	REMOVE FROM FORMULARY		Non-Formulary
02/21/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: COV		Coverage Delay
02/21/2024	EOHILIA	<i>budesonide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/21/2024	EOHILIA	<i>budesonide</i>	ADD UM: COV		Coverage Delay
02/21/2024	ALVAIZ	<i>eltrombopag choline</i>	REMOVE FROM FORMULARY		Non-Formulary
02/21/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: COV		Coverage Delay
02/21/2024	ALVAIZ	<i>eltrombopag choline</i>	REMOVE FROM FORMULARY		Non-Formulary
02/21/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: COV		Coverage Delay
02/21/2024	ALVAIZ	<i>eltrombopag choline</i>	REMOVE FROM FORMULARY		Non-Formulary
02/21/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: COV		Coverage Delay
02/23/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>torseimide</i>	<i>torseimide</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>torseimide</i>	<i>torseimide</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>nitrofurantoin mono-macro</i>	<i>nitrofurantoin monohydrate/macrocystals</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>toremide</i>	<i>toremide</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>hydroxyzine pamoate</i>	<i>hydroxyzine pamoate</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>toremide</i>	<i>toremide</i>	ADD TO FORMULARY		Preferred Generics
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>torseimide</i>	<i>torseimide</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>torseimide</i>	<i>torseimide</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>torseimide</i>	<i>torseimide</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>torseimide</i>	<i>torseimide</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>torse mide</i>	<i>torse mide</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>torse mide</i>	<i>torse mide</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>torse mide</i>	<i>torse mide</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>torse mide</i>	<i>torse mide</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: MAXQTYPERDAY		15.134 per day
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: MAXQTYPERDAY		15.134 per day
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: MAXQTYPERDAY		15.134 per day
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: MAXQTYPERDAY		15.134 per day
02/23/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin macrocrystal</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>adapalene</i>	<i>adapalene</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>adapalene</i>	<i>adapalene</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin macrocrystal</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>sevelamer hcl</i>	<i>sevelamer hcl</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>clorazepate dipotassium</i>	<i>clorazepate dipotassium</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>clorazepate dipotassium</i>	<i>clorazepate dipotassium</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>clorazepate dipotassium</i>	<i>clorazepate dipotassium</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>clorazepate dipotassium</i>	<i>clorazepate dipotassium</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>sevelamer hcl</i>	<i>sevelamer hcl</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>isosorbide dinit-hydralazine</i>	<i>isosorbide dinitrate/hydralazine hcl</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin macrocrystal</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>clorazepate dipotassium</i>	<i>clorazepate dipotassium</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>ipratropium-albuterol</i>	<i>ipratropium bromide/albuterol sulfate</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>hydrocortisone-acetic acid</i>	<i>hydrocortisone/acetic acid</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD TO FORMULARY		Generics
02/23/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD TO FORMULARY		Generics
02/23/2024	<i> adapalene</i>	<i> adapalene</i>	ADD UM: DRUGCLASS		Acne Products
02/23/2024	<i> adapalene</i>	<i> adapalene</i>	ADD UM: PANAME		PA Required for those 40 and older
02/23/2024	<i> adapalene</i>	<i> adapalene</i>	ADD UM: B3		Select Topical Acne
02/23/2024	<i> adapalene</i>	<i> adapalene</i>	ADD UM: DRUGCLASS		Acne Products
02/23/2024	<i> adapalene</i>	<i> adapalene</i>	ADD UM: PANAME		PA Required for those 40 and older
02/23/2024	<i> adapalene</i>	<i> adapalene</i>	ADD UM: B3		Select Topical Acne
02/23/2024	<i> carbidopa-levodopa</i>	<i> carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i> dapstone</i>	<i> dapstone</i>	ADD UM: DRUGCLASS		Acne Products
02/23/2024	<i> dapstone</i>	<i> dapstone</i>	ADD UM: B4		High Cost Brands and Generics
02/23/2024	<i> dapstone</i>	<i> dapstone</i>	ADD UM: DRUGCLASS		Acne Products
02/23/2024	<i> dapstone</i>	<i> dapstone</i>	ADD UM: B4		High Cost Brands and Generics
02/23/2024	<i> dapstone</i>	<i> dapstone</i>	ADD UM: DRUGCLASS		Acne Products
02/23/2024	<i> dapstone</i>	<i> dapstone</i>	ADD UM: B4		High Cost Brands and Generics
02/23/2024	<i> diclofenac sodium</i>	<i> diclofenac sodium</i>	ADD UM: MAXQTYPERDAY		8.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD UM: B4		High Cost Brands and Generics
02/23/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/23/2024	<i>ipratropium-albuterol</i>	<i>ipratropium bromide/albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>isosorbide dinit-hydralazine</i>	<i>isosorbide dinitrate/hydralazine hcl</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>isosorbide dinit-hydralazine</i>	<i>isosorbide dinitrate/hydralazine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>sevelamer hcl</i>	<i>sevelamer hcl</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>sevelamer hcl</i>	<i>sevelamer hcl</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: MAXQTYPERDAY		14.334 per day
02/23/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: B4		High Cost Brands and Generics
02/23/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
02/23/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
02/23/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>verifine plus pen needle-sharp</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD TO FORMULARY		Preferred Brands
02/23/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred Brands
02/23/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred Brands
02/23/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>verifine plus pen needle-sharp</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD TO FORMULARY		Preferred Brands
02/23/2024	<i>techlite lancets</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
02/23/2024	SEMGLEE (YFGN)	<i>insulin glargine-yfgn</i>	ADD TO FORMULARY		Preferred Brands
02/23/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred Brands
02/23/2024	SEMGLEE (YFGN)	<i>insulin glargine-yfgn</i>	ADD UM: MAXQTYPERDAY		3.334 per day
02/23/2024	SEMGLEE (YFGN)	<i>insulin glargine-yfgn</i>	ADD UM: DRUGCLASS		Insulin
02/23/2024	SEMGLEE (YFGN)	<i>insulin glargine-yfgn</i>	ADD UM: FI1		Rx90 + Insulin List
02/23/2024	SEMGLEE (YFGN)	<i>insulin glargine-yfgn</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	SEMGLEE (YFGN)	<i>insulin glargine-yfgn</i>	ADD UM: SDS		Y
02/23/2024	<i>techlite lancets</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
02/23/2024	<i>verifine plus pen needle-sharp</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD UM: DRUGCLASS		Lancets
02/23/2024	<i>verifine plus pen needle-sharp</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>verifine plus pen needle-sharp</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD UM: DRUGCLASS		Lancets
02/23/2024	<i>verifine plus pen needle-sharp</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		PA Applies
02/23/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		PA Applies
02/23/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		PA Applies
02/23/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>omnipod 5 g6-g7 pods (gen 5)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>	ADD TO FORMULARY		Non-Preferred Brands
02/23/2024	<i>omnipod 5 g6-g7 intro kt(gen5)</i>	<i>insulin pump cart, automated dosing, bt, g6/g7 with controller</i>	ADD TO FORMULARY		Non-Preferred Brands
02/23/2024	<i>omnipod 5 g6-g7 intro kt(gen5)</i>	<i>insulin pump cart, automated dosing, bt, g6/g7 with controller</i>	ADD UM: QUANTITY		max 1 / 720 days
02/23/2024	<i>omnipod 5 g6-g7 intro kt(gen5)</i>	<i>insulin pump cart, automated dosing, bt, g6/g7 with controller</i>	ADD UM: PANAME		PA Applies
02/23/2024	<i>omnipod 5 g6-g7 intro kt(gen5)</i>	<i>insulin pump cart, automated dosing, bt, g6/g7 with controller</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>omnipod 5 g6-g7 pods (gen 5)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/23/2024	<i>omnipod 5 g6-g7 pods (gen 5)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>	ADD UM: PANAME		PA Applies
02/23/2024	<i>omnipod 5 g6-g7 pods (gen 5)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>	ADD UM: PR		PREVENTIVE MEDICATION
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/23/2024	<i>blulink glucose test strip</i>	<i>blood sugar diagnostic</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>blulink glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/23/2024	<i>blulink glucose test strip</i>	<i>blood sugar diagnostic</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>blulink glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
02/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>darifenacin er</i>	<i>darifenacin hydrobromide</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	ADD UM: COV		Bucket 2 General Exclusions
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	ADD UM: COV		Bucket 2 General Exclusions
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	ADD UM: COV		Bucket 2 General Exclusions
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	ADD UM: COV		Bucket 2 General Exclusions
02/23/2024	<i>regadenoson</i>	<i>regadenoson</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>regadenoson</i>	<i>regadenoson</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	ADD UM: COV		Bucket 2 General Exclusions
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	ADD UM: COV		Bucket 2 General Exclusions
02/23/2024	<i>alvimopan</i>	<i>alvimopan</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>alvimopan</i>	<i>alvimopan</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
02/23/2024	NORVASC	<i>amlodipine besylate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
02/23/2024	<i>clozapine</i>	<i>clozapine</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>clozapine</i>	<i>clozapine</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
02/23/2024	<i>clozapine</i>	<i>clozapine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
02/23/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
02/23/2024	NITROSTAT	<i>nitroglycerin</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	NITROSTAT	<i>nitroglycerin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>ferrous gluconate</i>	<i>ferrous gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>ferrous gluconate</i>	<i>ferrous gluconate</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>urea</i>	<i>urea</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>urea</i>	<i>urea</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>urea</i>	<i>urea</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>urea</i>	<i>urea</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>urea</i>	<i>urea</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>urea</i>	<i>urea</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	SPY AGENT GREEN	<i>indocyanine green</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	SPY AGENT GREEN	<i>indocyanine green</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>hyoscyamine sulfate er</i>	<i>hyoscyamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>hyoscyamine sulfate er</i>	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>urea</i>	<i>urea</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>urea</i>	<i>urea</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>buffered lidocaine</i>	<i>lidocaine hcl buffered with sodium phosphate</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>buffered lidocaine</i>	<i>lidocaine hcl buffered with sodium phosphate</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>bevacizumab</i>	<i>bevacizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>bevacizumab</i>	<i>bevacizumab</i>	ADD UM: COV		Non FDA Approved Drugs

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	<i>mebendazole</i>	<i>mebendazole</i>	REMOVE FROM FORMULARY		Non-Formulary
02/23/2024	<i>mebendazole</i>	<i>mebendazole</i>	ADD UM: COV		Non FDA Approved Drugs
02/23/2024	<i>bevacizumab</i>	<i>bevacizumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/23/2024	<i>hyoscyamine sulfate er</i>	<i>hyoscyamine sulfate</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>hydrocortisone-acetic acid</i>	<i>hydrocortisone/acetic acid</i>	CHANGE TIER	Non-Preferred Brands	Generics
02/23/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/23/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: MAXQTYPERDAY		3.0 per day
02/23/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: FI1		Rx90 List
02/23/2024	<i>blulink glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: MAXQTYPERDAY		6.8 per day
02/23/2024	<i>blulink glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
02/23/2024	<i>blulink glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: MAXQTYPERDAY		6.8 per day
02/23/2024	<i>blulink glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
02/23/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/23/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/23/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: MAXQTYPERDAY		1.0 per day
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: PANAME		PA Applies
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: PANAME		PA Applies
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: PANAME		PA Applies
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: MAXQTYPERDAY		2.0 per day
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: PANAME		PA Applies
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: B4		High Cost Brands and Generics
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: B4		High Cost Brands and Generics
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: B4		High Cost Brands and Generics
02/23/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: B4		High Cost Brands and Generics
02/27/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: CS		Core Specialty
02/27/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: CS		Core Specialty
02/27/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: CS		Core Specialty
02/27/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: CS		Core Specialty
02/27/2024	ALYQ	<i>tadalafil</i>	ADD UM: CS		Core Specialty
02/27/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: CS		Core Specialty
02/27/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: CS		Core Specialty
02/27/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/27/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD UM: CS		Core Specialty
02/27/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	RAYALDEE	<i>calcifediol</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	ALYQ	<i>tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
02/27/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD UM: SPECIALTY		Specialty Drug
02/28/2024	HUMIRA(CF)	<i>adalimumab</i>	REMOVE FROM FORMULARY		Non-Formulary
02/28/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: COV		Coverage Delay
02/28/2024	HUMIRA(CF)	<i>adalimumab</i>	REMOVE FROM FORMULARY		Non-Formulary
02/28/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: COV		Coverage Delay
02/28/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	REMOVE FROM FORMULARY		Non-Formulary
02/28/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: COV		Coverage Delay
02/28/2024	FILSUVEZ	<i>birch bark extract</i>	REMOVE FROM FORMULARY		Non-Formulary
02/28/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2024	ZYMFENTRA	<i>infliximab-dyyb</i>	REMOVE FROM FORMULARY		Non-Formulary
02/28/2024	ZYMFENTRA	<i>infliximab-dyyb</i>	ADD UM: COV		Coverage Delay
02/28/2024	ZYMFENTRA (2 PENS)	<i>infliximab-dyyb</i>	REMOVE FROM FORMULARY		Non-Formulary
02/28/2024	ZYMFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: COV		Coverage Delay
02/28/2024	HUMIRA(CF)	<i>adalimumab</i>	REMOVE FROM FORMULARY		Non-Formulary
02/28/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: COV		Coverage Delay
02/28/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	REMOVE FROM FORMULARY		Non-Formulary
02/28/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: COV		Coverage Delay
02/28/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	REMOVE FROM FORMULARY		Non-Formulary
02/28/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

March, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	VANFLYTA	<i>quizartinib dihydrochloride</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/01/2024	VANFLYTA	<i>quizartinib dihydrochloride</i>	REMOVE UM: COV	Coverage Delay	
03/01/2024	VANFLYTA	<i>quizartinib dihydrochloride</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/01/2024	VANFLYTA	<i>quizartinib dihydrochloride</i>	REMOVE UM: COV	Coverage Delay	
03/01/2024	VANFLYTA	<i>quizartinib dihydrochloride</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/01/2024	VANFLYTA	<i>quizartinib dihydrochloride</i>	REMOVE UM: COV	Coverage Delay	
03/01/2024	VANFLYTA	<i>quizartinib dihydrochloride</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/01/2024	VANFLYTA	<i>quizartinib dihydrochloride</i>	REMOVE UM: COV	Coverage Delay	
03/01/2024	ZYMFENTRA	<i>infliximab-dyyb</i>	ADD UM: MAXQTYPERDAY		0.072 per day
03/01/2024	ZYMFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: MAXQTYPERDAY		0.036 per day
03/01/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: MAXQTYPERDAY		0.036 per day
03/01/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: MAXQTYPERDAY		0.072 per day
03/01/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: PANAME		PA Applies
03/01/2024	TEGLUTIK	<i>riluzole</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
03/01/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	TEGLUTIK	<i>riluzole</i>	REMOVE UM: B4	High Cost Brands and Generics	
03/01/2024	SLYND	<i>drospirenone</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 Institutional and Hospital Pack
03/01/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	REMOVE UM: COV	Bucket 2 Institutional and Hospital Pack	
03/01/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	REMOVE UM: COV	Bucket 2 Institutional and Hospital Pack	
03/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Preferred Generics
03/01/2024	<i>lidocaine hcl viscous</i>	<i>lidocaine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/01/2024	<i>lidocaine hcl viscous</i>	<i>lidocaine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
03/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
03/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
03/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
03/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
03/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
03/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
03/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>liothyronine sodium</i>	<i>liothyronine sodium</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>meclizine hcl</i>	<i>meclizine hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>meclizine hcl</i>	<i>meclizine hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>meclizine hcl</i>	<i>meclizine hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>liothyronine sodium</i>	<i>liothyronine sodium</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>liothyronine sodium</i>	<i>liothyronine sodium</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	ALYQ	<i>tadalafil</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
03/01/2024	ALYQ	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
03/01/2024	ALYQ	<i>tadalafil</i>	ADD UM: PANAME		PA Applies
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		Quantity Limits May Apply
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		Quantity Limits May Apply
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		Quantity Limits May Apply
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		Quantity Limits May Apply
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/01/2024	<i>meclizine hcl</i>	<i>meclizine hcl</i>	ADD UM: B3		All Other
03/01/2024	<i>meclizine hcl</i>	<i>meclizine hcl</i>	ADD UM: B3		All Other
03/01/2024	<i>meclizine hcl</i>	<i>meclizine hcl</i>	ADD UM: B3		All Other
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
03/01/2024	RAYALDEE	<i>calcifediol</i>	ADD TO FORMULARY		Non-Preferred Brands
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
03/01/2024	RAYALDEE	<i>calcifediol</i>	ADD UM: FI1		Rx90 List
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs
03/01/2024	<i>meperidine hcl</i>	<i>meperidine hcl</i>	ADD UM: MAXQTYPERDAY		12.0 per day
03/01/2024	<i>meperidine hcl</i>	<i>meperidine hcl</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
03/01/2024	<i>bivalirudin</i>	<i>bivalirudin</i>	ADD UM: COV		Bucket 2 General Exclusions
03/01/2024	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
03/01/2024	AMTAGVI	<i>lifileucel</i>	ADD UM: COV		Bucket 2 General Exclusions
03/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
03/01/2024	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
03/01/2024	<i>levothyroxine sodium</i>	<i>levothyroxine sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
03/01/2024	ERAXIS	<i>anidulafungin</i>	ADD UM: COV		Bucket 2 General Exclusions
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/01/2024	<i>hydrocortisone-acetic acid</i>	<i>hydrocortisone/acetic acid</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/01/2024	LIPITOR	<i>atorvastatin calcium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/01/2024	LIPITOR	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	METADATE CD	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
03/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
03/01/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	ADD UM: COV		Non FDA Approved Drugs
03/01/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	ADD UM: COV		Non FDA Approved Drugs
03/01/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
03/01/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
03/01/2024	LIVITA FOR CHILDREN	<i>pediatric multivitamin no.245</i>	ADD UM: COV		Non FDA Approved Drugs
03/01/2024	<i>sodium sulfacetamide</i>	<i>sulfacetamide sodium</i>	ADD UM: COV		Non FDA Approved Drugs
03/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VPRIV	<i>velaglucerase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
03/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SOLIRIS	<i>eculizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VABYSMO	<i>faricimab-svoa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELELYSO	<i>taliglucerase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELAPRASE	<i>idursulfase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRILURON	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	NPLATE	<i>romiplostim</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VISCO-3	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
03/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TEPEZZA	<i>teprotumumab-trbw</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FABRAZYME	<i>agalsidase beta</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INJECTAFER	<i>ferric carboxymaltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	SUPPRELIN LA	<i>histrelin acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BENLYSTA	<i>belimumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	EYLEA HD	<i>aflibercept</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
03/01/2024	EYLEA HD	<i>aflibercept</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
03/01/2024	VABYSMO	<i>faricimab-svoa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VIMIZIM	<i>elosulfase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BENLYSTA	<i>belimumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FABRAZYME	<i>agalsidase beta</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CEREZYME	<i>imiglucerase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	LEMTRADA	<i>alemtuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	THYROGEN	<i>thyrotropin alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	THYROGEN	<i>thyrotropin alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
03/01/2024	OCREVUS	<i>ocrelizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	MEPSEVII	<i>vestronidase alfa-vjvk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	EYLEA	<i>aflibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	EYLEA	<i>aflibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CINRYZE	<i>c1 esterase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KRYSTEXXA	<i>pegloticase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ADAKVEO	<i>crizanlizumab-tmca</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VABYSMO	<i>faricimab-svoa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ALDURAZYME	<i>laronidase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CINRYZE	<i>c1 esterase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	NPLATE	<i>romiplostim</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	NPLATE	<i>romiplostim</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	LUMIZYME	<i>alglucosidase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	XIAFLEX	<i>collagenase clostridium histolyticum</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	NAGLAZYME	<i>galsulfase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	NEXVIAZYME	<i>avalglucosidase alfa-ngpt</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TZIELD	<i>teplizumab-mzww</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KALBITOR	<i>ecallantide</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BRIUMVI	<i>ublituximab-xiiy</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	AUSTEDO TD TITRATN PK (WK 1-2)	<i>deutetrabenazine</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	LUXTURNA	<i>voretigene neparvovec-rzyl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	EVKEEZA	<i>evinacumab-dgnb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	POMBILITI	<i>cipaglucoasidase alfa-atga</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	POMBILITI	<i>cipaglucoasidase alfa-atga</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	POMBILITI	<i>cipaglucoasidase alfa-atga</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZINPLAVA	<i>bezlotoxumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZINPLAVA	<i>bezlotoxumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRACLEER	<i>bosentan</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	XENPOZYME	<i>olipudase alfa-rpcp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	MAYZENT	<i>siponimod</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TZIELD	<i>teplizumab-mzww</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	AMVUTTRA	<i>vutrisiran sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GILENYA	<i>fingolimod hcl</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	LEQVIO	<i>inclisiran sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GIVLAARI	<i>givosiran sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TZIELD	<i>teplizumab-mzww</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BENLYSTA	<i>belimumab</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	TECARTUS	<i>brexucabtagene autoleucl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TECARTUS	<i>brexucabtagene autoleucl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KANUMA	<i>sebelipase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ILARIS	<i>canakinumab/pf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SPRAVATO	<i>esketamine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SPRAVATO	<i>esketamine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SPRAVATO	<i>esketamine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VYJUVEK	<i>beremagene geperpavec-svdt</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRIPTODUR	<i>triptorelin pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	UPTRAVI	<i>selexipag</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VYJUVEK	<i>beremagene geperpavec-svdt</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	LUXTURNA	<i>voretigene neparvovec-rzyl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	QALSODY	<i>tofersen</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	XGEVA	<i>denosumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TOBI PODHALER	<i>tobramycin</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TYVASO INSTITUTIONAL START KIT	<i>treprostinil/nebulizer and accessories</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VYVGART	<i>efgartigimod alfa-fcab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRACLEER	<i>bosentan</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	AUSTEDO 12MG START TITR(WK1-4)	<i>deutetrabenazine</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRIPTODUR	<i>triptorelin pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ONPATTRO	<i>patisiran sodium, lipid complex</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SPINRAZA	<i>nusinersen sodium/pf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	EVKEEZA	<i>evinacumab-dgnb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TECARTUS	<i>brexucabtagene autoleucel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TECARTUS	<i>brexucabtagene autoleucel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SAPHNELO	<i>anifrolumab-fnia</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ROCTAVIAN	<i>valoctocogene roxaparvovec-rvox</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	EVENITY (2 SYRINGES)	<i>romosozumab-aqqg</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	EVENITY	<i>romosozumab-aqqg</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ENJAYMO	<i>sutimlimab-jome</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARCALYST	<i>rilonacept</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KYMRIAH	<i>tisagenlecleucel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CRYSVITA	<i>burosumab-twza</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RADICAVA	<i>edaravone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	RADICAVA	<i>edaravone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PROLIA	<i>denosumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OXLUMO	<i>lumasiran sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	XENPOZYME	<i>olipudase alfa-rpcp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIGNIFOR LAR	<i>pasireotide pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KYMRIAH	<i>tisagenlecleucel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HEMGENIX	<i>etranacogene dezaparvovec-drlb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	YESCARTA	<i>axicabtagene ciloleucel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INJECTAFER	<i>ferric carboxymaltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	YESCARTA	<i>axicabtagene ciloleucel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ROCTAVIAN	<i>valoctocogene roxaparvovec-rvox</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	MOZOBIL	<i>plerixafor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	COLUMVI	<i>glofitamab-gxbm</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SARCLISA	<i>isatuximab-irfc</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OPDIVO	<i>nivolumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CABENUVA	<i>cabotegravir/rilpivirine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZALTRAP	<i>ziv-aflibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DARZALEX	<i>daratumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	APRETUDE	<i>cabotegravir</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
03/01/2024	HERCEPTIN	<i>trastuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HERZUMA	<i>trastuzumab-pkrb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	AVASTIN	<i>bevacizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	MVASI	<i>bevacizumab-awwb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KYPROLIS	<i>carfilzomib</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VECTIBIX	<i>panitumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ERBITUX	<i>cetuximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HERZUMA	<i>trastuzumab-pkrb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PHESGO	<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DARZALEX	<i>daratumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HERCEPTIN	<i>trastuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VECTIBIX	<i>panitumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HERZUMA	<i>trastuzumab-pkrb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FIRMAGON	<i>degarelix acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TECENTRIQ	<i>atezolizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SUNLENCA	<i>lenacapavir sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FIRMAGON	<i>degarelix acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SUNLENCA	<i>lenacapavir sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TREANDA	<i>bendamustine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRODELVY	<i>sacituzumab govitecan-hzjy</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KANJINTI	<i>trastuzumab-anns</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TECVAYLI	<i>teclistamab-cqyv</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	YONDELIS	<i>trabectedin</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	YERVOY	<i>ipilimumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZALTRAP	<i>ziv-aflibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfat</i>	<i>bleomycin sulfat</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PERJETA	<i>pertuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	LUNSUMIO	<i>mosunetuzumab-axgb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRAZIMERA	<i>trastuzumab-qyyp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OPDUALAG	<i>nivolumab-relatlimab-rmbw</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TORISEL	<i>temsirolimus</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ASCENIV	<i>immune globulin,gamma (igg)-slra human</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ASCENIV	<i>immune globulin,gamma (igg)-slra human</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	MVASI	<i>bevacizumab-awwb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HALAVEN	<i>eribulin mesylate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TREANDA	<i>bendamustine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	JEVTANA	<i>cabazitaxel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BLINCYTO	<i>blinatumomab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DANYELZA	<i>naxitamab-gqgk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZYNLONTA	<i>loncastuximab tesirine-lpyl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PLUVICTO	<i>lutetium lu-177 vipivotide tetraxetan</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	EPKINLY	<i>epcoritamab-bysp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BIVIGAM	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZIRABEV	<i>bevacizumab-bvzr</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	AFSTYLA	<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>	CHANGE UM: COV	Non FDA Approved Drugs	Non Formulary
03/01/2024	PHESGO	<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	BIVIGAM	<i>immune globulin, gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DARZALEX FASPRO	<i>daratumumab-hyaluronidase-fihj</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TECVAYLI	<i>teclistamab-cqyv</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CABOMETYX	<i>cabozantinib s-malate</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	RYLAZE	<i>asparaginase erwinia chrysanthemi (recombinant)-rywn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	IMJUDO	<i>tremelimumab-actl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RYLAZE	<i>asparaginase erwinia chrysanthemi (recombinant)-rywn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KADCYLA	<i>ado-trastuzumab emtansine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KANJINTI	<i>trastuzumab-anns</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ENHERTU	<i>fam-trastuzumab deruxtecan-nxki</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	MARQIBO	<i>vincristine sulfate liposomal</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OPDIVO	<i>nivolumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OPDIVO	<i>nivolumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BELRAPZO	<i>bendamustine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BESPONSA	<i>inotuzumab ozogamicin</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BLINCYTO	<i>blinatumomab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KYPROLIS	<i>carfilzomib</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CABENUVA	<i>cabotegravir/rilpivirine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KYPROLIS	<i>carfilzomib</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAZYVA	<i>obinutuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	YERVOY	<i>ipilimumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	IMJUDO	<i>tremelimumab-actl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZIRABEV	<i>bevacizumab-bvzr</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KANJINTI	<i>trastuzumab-anns</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SARCLISA	<i>isatuximab-irfc</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	IXEMPRA	<i>ixabepilone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	IXEMPRA	<i>ixabepilone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	JEVTANA	<i>cabazitaxel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARZERRA	<i>ofatumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ERBITUX	<i>cetuximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OGIVRI	<i>trastuzumab-dkst</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRAZIMERA	<i>trastuzumab-qyyp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	BELEODAQ	<i>belinostat</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HERCEPTIN HYLECTA	<i>trastuzumab-hyaluronidase-oysk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	REMICADE	<i>infliximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	LUNSUMIO	<i>mosunetuzumab-axgb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRAZIMERA	<i>trastuzumab-qyyp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FIRMAGON	<i>degarelix acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARZERRA	<i>ofatumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	VELCADE	<i>bortezomib</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	JEMPERLI	<i>dostarlimab-gxly</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OGIVRI	<i>trastuzumab-dkst</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	VOCABRIA	<i>cabotegravir sodium</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	AVASTIN	<i>bevacizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DARZALEX	<i>daratumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OPZELURA	<i>ruxolitinib phosphate</i>	CHANGE UM: COV	Bucket 2 Institutional and Hospital Pack	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KEYTRUDA	<i>pembrolizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TIVDAK	<i>tisotumab vedotin-tftv</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KEYTRUDA	<i>pembrolizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KEYTRUDA	<i>pembrolizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	APRETUDE	<i>cabotegravir</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARZERRA	<i>ofatumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	EPKINLY	<i>epcoritamab-bysp</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PROLEUKIN	<i>aldesleukin</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ELAHERE	<i>mirvetuximab soravtansine-gynx</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ALYMSYS	<i>bevacizumab-maly</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	<i>bleomycin sulfate</i>	<i>bleomycin sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DARZALEX	<i>daratumumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KIMMTRAK	<i>tebentafusp-tebn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZYNYZ	<i>retifanlimab-dlwr</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OPDIVO	<i>nivolumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RYBREVANT	<i>amivantamab-vmjw</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RYBREVANT	<i>amivantamab-vmjw</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SYLVANT	<i>siltuximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	TROGARZO	<i>ibalizumab-uiyk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TROGARZO	<i>ibalizumab-uiyk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZOLGENSMA	<i>onasemnogene abeparvovec-xioi</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SYLVANT	<i>siltuximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KADCYLA	<i>ado-trastuzumab emtansine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	IXEMPRA	<i>ixabepilone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TECENTRIQ	<i>atezolizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	IXEMPRA	<i>ixabepilone</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	COLUMVI	<i>glofitamab-gxbr</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BENDEKA	<i>bendamustine hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZEPZELCA	<i>lurbinectedin</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	DYSPORT	<i>abobotulinumtoxinA</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HYQVIA	<i>immune globulin, gamma(igg) human/hyaluronidase, human recomb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin, gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin, gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BOTOX	<i>onabotulinumtoxinA</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BOTOX	<i>onabotulinumtoxinA</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HYMOVIS	<i>hyaluronate sodium, modified, non-crosslinked</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin, gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KYLEENA	<i>levonorgestrel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	KYLEENA	<i>levonorgestrel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIVIGEN	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/gucose/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIVIGEN	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIVIGEN	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIMULECT	<i>basiliximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ORTHOVISC	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	MONOVISC	<i>hyaluronate sodium, stabilized</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin, gamma(igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin, gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SKYLA	<i>levonorgestrel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HYALGAN	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
03/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
03/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD LIQUID	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD S-D	<i>immune globulin,gamm(igg)/glycine/gucose/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIVIGEN	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	GAMMAPLEX	<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SYNVISC-ONE	<i>hylan g-f 20</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SYNVISC	<i>hylan g-f 20</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	BOTOX	<i>onabotulinumtoxina</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SYNVISC	<i>hylan g-f 20</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DYSPORT	<i>abobotulinumtoxina</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DUROLANE	<i>hyaluronate sodium, stabilized</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin, gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HYQVIA	<i>immune globulin, gamma(igg) human/hyaluronidase, human recomb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DYSPORT	<i>abobotulinumtoxina</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD S-D	<i>immune globulin, gamm(igg)/glycine/gucose/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin, gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAGARD S-D	<i>immune globulin, gamm(igg)/glycine/gucose/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HYMOVIS	<i>hyaluronate sodium, modified, non-crosslinked</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin, gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HYALGAN	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin,gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	OCTAGAM	<i>immune globulin,gamm(igg)/maltose/ iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIVIGEN	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA HAFYERA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAPLEX	<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	HIZENTRA	<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin, gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin, gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUTAQUIG	<i>immune globulin, gamma(igg)-hipp human/maltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin, gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	DUROLANE	<i>hyaluronate sodium, stabilized</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SYNOJOYNT	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	FLEBOGAMMA DIF	<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	EUFLEXXA	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	EUFLEXXA	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIVIGEN	<i>immune globulin,gamma(igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	CUVITRU	<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	SUPARTZ FX	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GEL-ONE	<i>hyaluronate sod, cross-linked</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	MIRENA	<i>levonorgestrel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PRIVIGEN	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMMAKED	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	INVEGA HAFYERA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HYQVIA	<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	PRIVIGEN	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GELSYN-3	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	PANZYGA	<i>immune globulin,gamma(igg)-ifas human/glycine</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GENVISC 850	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARISTADA INITIO	<i>aripiprazole lauroxil, submicronized</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	TRIVISC	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	HIZENTRA	<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	GAMUNEX-C	<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	SIMULECT	<i>basiliximab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/01/2024	ARZERRA	<i>ofatumumab</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/01/2024	<i>ora-sweet sf</i>	<i>compounding vehicle sugar-free no.9</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>ora-sweet-sf</i>	<i>compounding vehicle sugar-free no.9</i>	REMOVE UM: COV	Non FDA Approved Drugs	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>sweet-sf</i>	<i>compounding vehicle sugar-free no.9</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>ora plus</i>	<i>compounding vehicle suspension sugar-free no.20</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>ora-plus</i>	<i>compounding vehicle suspension sugar-free no.20</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>ora-sweet</i>	<i>compounding vehicle syrup no.23</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>ora sweet</i>	<i>compounding vehicle syrup no.23</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>ora-blend</i>	<i>compounding vehicle suspension no. 19</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>ora-blend</i>	<i>compounding vehicle suspension no. 19</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>ora-blend sf</i>	<i>compound vehicle suspension sugar-free no. 1</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>ora-blend sf</i>	<i>compound vehicle suspension sugar-free no. 1</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>simple syrup</i>	<i>simple syrup</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>cherry concentrate, cherry flavor, cherry syrup</i>	<i>cherry flavor</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/01/2024	<i>water</i>	<i>water for injection, sterile</i>	REMOVE UM: COV		
03/04/2024	PERSERIS	<i>risperidone</i>	ADD UM: MED		Medical Drug
03/04/2024	PERSERIS	<i>risperidone</i>	ADD UM: MED		Medical Drug
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: MED		Medical Drug
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: MED		Medical Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: MED		Medical Drug
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: MED		Medical Drug
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: MED		Medical Drug
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: MED		Medical Drug
03/04/2024	PERSERIS	<i>risperidone</i>	ADD UM: MED		Medical Drug
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: MED		Medical Drug
03/04/2024	PERSERIS	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/04/2024	PERSERIS	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/04/2024	PERSERIS	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/04/2024	UZEDY	<i>risperidone</i>	ADD UM: PANAME		PA Applies
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>tranexamic acid-nacl</i>	<i>tranexamic acid in sodium chloride,iso-osmotic</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/05/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	SENSIPAR	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
03/05/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: CS		Core Specialty
03/05/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: CS		Core Specialty
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
03/05/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: CS		Core Specialty
03/05/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: CS		Core Specialty
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
03/05/2024	SENSIPAR	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/05/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
03/05/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
03/05/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: COV		Non FDA Approved Drugs
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: COV		Non FDA Approved Drugs
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: COV		Non FDA Approved Drugs
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: COV		Non FDA Approved Drugs
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
03/09/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>bupirone hcl</i>	<i>bupirone hcl</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		Age Edits Apply: 40-75 years
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		Age Edits Apply: 40-75 years
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		Age Edits Apply: 40-75 years
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		Age Edits Apply: 40-75 years
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		Age Edits Apply: 40-75 years
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		Age Edits Apply: 40-75 years
03/11/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>ciprofloxacin-dexamethasone</i>	<i>ciprofloxacin hcl/dexamethasone</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame light</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD TO FORMULARY		Generics
03/11/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/11/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD TO FORMULARY		Preferred Brands
03/11/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD TO FORMULARY		Preferred Brands
03/11/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD TO FORMULARY		Preferred Brands
03/11/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD TO FORMULARY		Preferred Brands
03/11/2024	<i>easy comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD TO FORMULARY		Preferred Brands
03/11/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: PANAME		PA Applies
03/11/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: PANAME		PA Applies
03/11/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2024	CABOMETYX	<i>cabozantinib s-malate</i>	ADD UM: PANAME		PA Applies
03/11/2024	<i>easy comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes
03/11/2024	<i>easy comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: MAXQTYPERDAY		0.143 per day
03/11/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: PANAME		PA Applies
03/11/2024	HEMLIBRA	<i>emicizumab-kxwh</i>	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	VPRIV	<i>velaglucerase alfa</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	<i>baclofen</i>	<i>baclofen</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: COV		Bucket 2 General Exclusions
03/11/2024	<i>baclofen</i>	<i>baclofen</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: COV		Bucket 2 General Exclusions
03/11/2024	SOLIRIS	<i>eculizumab</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	ELELYSO	<i>taliglucerase alfa</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	ELAPRASE	<i>idursulfase</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
03/11/2024	<i>tranexamic acid-nacl</i>	<i>tranexamic acid in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>tranexamic acid-nacl</i>	<i>tranexamic acid in sodium chloride,iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
03/11/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	TRILURON	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	VISCO-3	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	TEPEZZA	<i>teprotumumab-trbw</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	FABRAZYME	<i>agalsidase beta</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
03/11/2024	INJECTAFER	<i>ferric carboxymaltose</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	SUPPRELIN LA	<i>histrelin acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	VIMIZIM	<i>elosulfase alfa</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
03/11/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	<i>daptomycin</i>	<i>daptomycin</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>daptomycin</i>	<i>daptomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
03/11/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	FABRAZYME	<i>agalsidase beta</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	CEREZYME	<i>imiglucerase</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	LEMTRADA	<i>alemtuzumab</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	THYROGEN	<i>thyrotropin alfa</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	THYROGEN	<i>thyrotropin alfa</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	MEPSEVII	<i>vestronidase alfa-vjbjk</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	EYLEA	<i>aflibercept</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	EYLEA	<i>aflibercept</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	KRYSTEXXA	<i>pegloticase</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	ADAKVEO	<i>crizanlizumab-tmca</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	ALDURAZYME	<i>laronidase</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	CINRYZE	<i>c1 esterase inhibitor</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	LUMIZYME	<i>alglucosidase alfa</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	XIAFLEX	<i>collagenase clostridium histolyticum</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	NAGLAZYME	<i>galsulfase</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	NEXVIAZYME	<i>avalglucosidase alfa-ngpt</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
03/11/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	ADD UM: PANAME		PA Applies
03/11/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/11/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	ADD UM: MED		Medical Drug
03/11/2024	LIPITOR	<i>atorvastatin calcium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/11/2024	LIPITOR	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/11/2024	DAVIMET-M	<i>multivitamin combination no.35/levomefolate calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	DAVIMET-M	<i>multivitamin combination no.35/levomefolate calcium</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>oral citrate</i>	<i>citric acid/sodium citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>oral citrate</i>	<i>citric acid/sodium citrate</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	DIAOXIA	<i>dapsone/niacinamide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	DIAOXIA	<i>dapsone/niacinamide</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>sodium sulfacetamide</i>	<i>sulfacetamide sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>sodium sulfacetamide</i>	<i>sulfacetamide sodium</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>hyoscyamine sulfate er</i>	<i>hyoscyamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>hyoscyamine sulfate er</i>	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	DIASOXIA	<i>dapsone/niacinamide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	DIASOXIA	<i>dapsone/niacinamide</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	DIASAXIATAR	<i>tretinoin/dapsone/niacinamide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	DIASAXIATAR	<i>tretinoin/dapsone/niacinamide</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>sodium sulfacetamide</i>	<i>sulfacetamide sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>sodium sulfacetamide</i>	<i>sulfacetamide sodium</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	<i>acesulfame potassium</i>	<i>acesulfame potassium</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>acesulfame potassium</i>	<i>acesulfame potassium</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	DIASDIMAXIA	<i>dapsone/spironolactone/niacinamide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	DIASDIMAXIA	<i>dapsone/spironolactone/niacinamide</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	DIADIMAXIA	<i>dapsone/spironolactone/niacinamide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	DIADIMAXIA	<i>dapsone/spironolactone/niacinamide</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	REMOVE FROM FORMULARY		Non-Formulary
03/11/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	ADD UM: COV		Non FDA Approved Drugs
03/11/2024	DIADIMAXIA	<i>dapsone/spironolactone/niacinamide</i>	ADD UM: DRUGCLASS		Acne Products
03/11/2024	DIAOXIA	<i>dapsone/niacinamide</i>	ADD UM: DRUGCLASS		Acne Products

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	DIASAXIATAR	<i>tretinoin/dapsone/niacinamide</i>	ADD UM: DRUGCLASS		Acne Products
03/11/2024	DIASDIMAXIA	<i>dapsone/spironolactone/niacinamide</i>	ADD UM: DRUGCLASS		Acne Products
03/11/2024	DIASOXIA	<i>dapsone/niacinamide</i>	ADD UM: DRUGCLASS		Acne Products
03/11/2024	<i>hyoscyamine sulfate er</i>	<i>hyoscyamine sulfate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame</i>	ADD UM: FI1		Rx90 List
03/11/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/11/2024	ZEMAIRA	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	VPRIV	<i>velaglucerase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	SOLIRIS	<i>eculizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	ARALAST NP	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	ELELYSO	<i>taliglucerase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	ELAPRASE	<i>idursulfase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	TRILURON	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	VISCO-3	<i>hyaluronate sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	LUCENTIS	<i>ranibizumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	TEPEZZA	<i>teprotumumab-trbw</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	FABRAZYME	<i>agalsidase beta</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	INJECTAFER	<i>ferric carboxymaltose</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	SUPPRELIN LA	<i>histrelin acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	VIMIZIM	<i>elosulfase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	FABRAZYME	<i>agalsidase beta</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	CEREZYME	<i>imiglucerase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	LEMTRADA	<i>alemtuzumab</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	THYROGEN	<i>thyrotropin alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	THYROGEN	<i>thyrotropin alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	ULTOMIRIS	<i>ravulizumab-cwvz</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	MEPSEVII	<i>vestronidase alfa-vjvk</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	PROLASTIN C	<i>alpha-1-proteinase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	EYLEA	<i>aflibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	EYLEA	<i>aflibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	KRYSTEXXA	<i>pegloticase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	ADAKVEO	<i>crizanlizumab-tmca</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	ALDURAZYME	<i>laronidase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	CINRYZE	<i>c1 esterase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	LUMIZYME	<i>alglucosidase alfa</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	PRIALT	<i>ziconotide acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	REMODULIN	<i>treprostinil sodium</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	XIAFLEX	<i>collagenase clostridium histolyticum</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2024	NAGLAZYME	<i>galsulfase</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/11/2024	NEXVIAZYME	<i>avalglucosidase alfa-ngpt</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
03/12/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>levoleucovorin calcium</i>	<i>levoleucovorin calcium</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>fosaprepitant dimeglumine</i>	<i>fosaprepitant dimeglumine</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: CS		Core Specialty
03/12/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: CS		Core Specialty
03/12/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>bortezomib</i>	<i>bortezomib</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	SENSIPAR	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
03/12/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty
03/12/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty
03/12/2024	<i>bortezomib</i>	<i>bortezomib</i>	ADD UM: CS		Core Specialty
03/12/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty
03/12/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/12/2024	SENSIPAR	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/13/2024	SOVUNA	<i>hydroxychloroquine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/13/2024	SOVUNA	<i>hydroxychloroquine sulfate</i>	ADD UM: COV		Coverage Delay
03/13/2024	<i>baclofen</i>	<i>baclofen</i>	REMOVE FROM FORMULARY		Non-Formulary
03/13/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: COV		Coverage Delay
03/13/2024	SOVUNA	<i>hydroxychloroquine sulfate</i>	ADD UM: COV		Coverage Delay
03/15/2024	ZILBRYSQ	<i>ziluocoplan sodium</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	ZILBRYSQ	<i>ziluocoplan sodium</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	AGAMREE	<i>vamorolone</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	ZYMFENTRA	<i>infliximab-dyyb</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	ZYMFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	ZILBRYSQ	<i>ziluocoplan sodium</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	AGAMREE	<i>vamorolone</i>	ADD UM: SDS		Y

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
03/15/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
03/15/2024	<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate</i>	REMOVE UM: COV	Non FDA Approved Drugs	
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: MAXQTYPERDAY		4.0 per day
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>olmesartan-hydrochlorothiazide</i>	<i>olmesartan medoxomil/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/15/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
03/15/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 30 / 90 days
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
03/15/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/15/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/15/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: FI1		Rx90 List
03/15/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/15/2024	CREON	<i>lipase/protease/amylase</i>	ADD TO FORMULARY		Preferred Brands
03/15/2024	CREON	<i>lipase/protease/amylase</i>	ADD UM: FI1		Rx90 List
03/15/2024	NALFON	<i>fenoprofen calcium</i>	ADD TO FORMULARY		Non-Preferred Brands
03/15/2024	NALFON	<i>fenoprofen calcium</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	
03/15/2024	KIPROFEN	<i>ketoprofen</i>	ADD TO FORMULARY		Non-Preferred Brands
03/15/2024	NALFON	<i>fenoprofen calcium</i>	ADD UM: B4		High Cost Brands and Generics
03/15/2024	KIPROFEN	<i>ketoprofen</i>	ADD UM: B4		High Cost Brands and Generics
03/15/2024	INPEFA	<i>sotagliflozin</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/15/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/15/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/15/2024	INPEFA	<i>sotagliflozin</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: PANAME		PA Applies
03/15/2024	YUFLYMA(CF)	<i>adalimumab-aaty</i>	ADD UM: MAXQTYPERDAY		0.036 per day
03/15/2024	<i>levoleucovorin calcium</i>	<i>levoleucovorin calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>levoleucovorin calcium</i>	<i>levoleucovorin calcium</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>bortezomib</i>	<i>bortezomib</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>bortezomib</i>	<i>bortezomib</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>etomidate</i>	<i>etomidate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>etomidate</i>	<i>etomidate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	PEMRYDI RTU	<i>pemetrexed disodium</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	PEMRYDI RTU	<i>pemetrexed disodium</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>sodium nitroprusside-0.9% nacl</i>	<i>nitroprusside sodium in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>sodium nitroprusside-0.9% nacl</i>	<i>nitroprusside sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>furosemide</i>	<i>furosemide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>etomidate</i>	<i>etomidate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>etomidate</i>	<i>etomidate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>tobramycin sulfate</i>	<i>tobramycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>tobramycin sulfate</i>	<i>tobramycin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>sodium nitroprusside-0.9% nacl</i>	<i>nitroprusside sodium in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>sodium nitroprusside-0.9% nacl</i>	<i>nitroprusside sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>etomidate</i>	<i>etomidate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>etomidate</i>	<i>etomidate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	PEMRYDI RTU	<i>pemetrexed disodium</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	PEMRYDI RTU	<i>pemetrexed disodium</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>tobramycin sulfate</i>	<i>tobramycin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>tobramycin sulfate</i>	<i>tobramycin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>fluphenazine decanoate</i>	<i>fluphenazine decanoate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>fluphenazine decanoate</i>	<i>fluphenazine decanoate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>fosaprepitant dimeglumine</i>	<i>fosaprepitant dimeglumine</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>fosaprepitant dimeglumine</i>	<i>fosaprepitant dimeglumine</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>etomidate</i>	<i>etomidate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>etomidate</i>	<i>etomidate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/15/2024	<i>urea</i>	<i>urea</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>urea</i>	<i>urea</i>	ADD UM: COV		Non FDA Approved Drugs
03/15/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
03/15/2024	<i>sodium hyaluronate</i>	<i>hyaluronate sodium</i>	ADD UM: COV		Non FDA Approved Drugs
03/15/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	CHANGE TIER	Non-Preferred Brands	Generics
03/15/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: MAXQTYPERDAY		0.072 per day
03/15/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: PANAME		PA Applies
03/15/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: MAXQTYPERDAY		0.072 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: PANAME		PA Applies
03/15/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: MAXQTYPERDAY		0.072 per day
03/15/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: PANAME		PA Applies
03/15/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: MAXQTYPERDAY		0.072 per day
03/15/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: PANAME		PA Applies
03/15/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate (non-refrigerated)</i>	REMOVE UM: SPECIALTY	Specialty Drug	
03/15/2024	OGIVRI	<i>trastuzumab-dkst</i>	ADD UM: SPECIALTY		Specialty Drug
03/15/2024	<i>deferiprone (3 times a day)</i>	<i>deferiprone</i>	ADD UM: SPECIALTY		Specialty Drug
03/18/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	KOATE-DVI	<i>antihemophilic factor, human</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	PREGNYL	<i>chorionic gonadotropin, human</i>	ADD UM: CS		Core Specialty
03/18/2024	FERRIPROX	<i>deferiprone</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	HADLIMA PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
03/18/2024	ESBRIET	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	ZORBTIVE	<i>somatropin</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	SOHONOS	<i>palovarotene</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>dalfampridine er</i>	<i>dalfampridine</i>	ADD UM: CS		Core Specialty
03/18/2024	GLATOPA	<i>glatiramer acetate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	ZILBRYSQ	<i>ziluocoplan sodium</i>	ADD UM: CS		Core Specialty
03/18/2024	SENSIPAR	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>deferiprone (3 times a day)</i>	<i>deferiprone</i>	ADD UM: CS		Core Specialty
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	WAINUA	<i>eplontersen sodium</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>riluzole</i>	<i>riluzole</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	OGIVRI	<i>trastuzumab-dkst</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>dalfampridine er</i>	<i>dalfampridine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	YARGESA	<i>miglustat</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sorafenib</i>	<i>sorafenib tosylate</i>	ADD UM: CS		Core Specialty
03/18/2024	HADLIMA	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>icatibant</i>	<i>icatibant acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	ZAVESCA	<i>miglustat</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	HADLIMA(CF) PUSHTOUCH	<i>adalimumab-bwwd</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	GLATOPA	<i>glatiramer acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>flutamide</i>	<i>flutamide</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>hydroxyurea</i>	<i>hydroxyurea</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	FERRIPROX	<i>deferiprone</i>	ADD UM: CS		Core Specialty
03/18/2024	SOHONOS	<i>palovarotene</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>penicillamine</i>	<i>penicillamine</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: CS		Core Specialty
03/18/2024	KOATE-DVI	<i>antihemophilic factor, human</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>bexarotene</i>	<i>bexarotene</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>icatibant</i>	<i>icatibant acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	CERDELGA	<i>eliglustat tartrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	SOHONOS	<i>palovarotene</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>dalfampridine er</i>	<i>dalfampridine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	PREGNYL	<i>chorionic gonadotropin, human</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: CS		Core Specialty
03/18/2024	ALTUVIIIIO	<i>antihemophilic factor rfviii fc-vwf-xten, bdd-eh1</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
03/18/2024	SOHONOS	<i>palovarotene</i>	ADD UM: CS		Core Specialty
03/18/2024	LOQTORZI	<i>toripalimab-tpzi</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>hydroxyurea</i>	<i>hydroxyurea</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: CS		Core Specialty
03/18/2024	THROMBATE III	<i>antithrombin iii (human plasma derived)</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>dalfampridine er</i>	<i>dalfampridine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	SOMATULINE DEPOT	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>penicillamine</i>	<i>penicillamine</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
03/18/2024	VIEKIRA PAK	<i>ombitasvir/paritaprevir/ritonavir/dasabuvir sodium</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	SOHONOS	<i>palovarotene</i>	ADD UM: CS		Core Specialty
03/18/2024	GONAL-F RFF	<i>follitropin alfa, recombinant</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
03/18/2024	VELCADE	<i>bortezomib</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>nitisinone</i>	<i>nitisinone</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	OMNITROPE	<i>somatropin</i>	ADD UM: CS		Core Specialty
03/18/2024	OBIZUR	<i>antihemophilic factor viii, recombinant porcine sequence</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>temozolomide</i>	<i>temozolomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>riluzole</i>	<i>riluzole</i>	ADD UM: CS		Core Specialty
03/18/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>teriflunomide</i>	<i>teriflunomide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	OMNITROPE	<i>somatropin</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	ADCIRCA	<i>tadalafil</i>	ADD UM: CS		Core Specialty
03/18/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	ADCIRCA	<i>tadalafil</i>	ADD UM: CS		Core Specialty
03/18/2024	<i> imatinib mesylate</i>	<i> imatinib mesylate</i>	ADD UM: CS		Core Specialty
03/18/2024	AVASTIN	<i> bevacizumab</i>	ADD UM: CS		Core Specialty
03/18/2024	TOBI PODHALER	<i> tobramycin</i>	ADD UM: CS		Core Specialty
03/18/2024	IDOSE TR	<i> travoprost</i>	ADD UM: CS		Core Specialty
03/18/2024	<i> bicalutamide</i>	<i> bicalutamide</i>	ADD UM: CS		Core Specialty
03/18/2024	<i> sildenafil citrate</i>	<i> sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	FERRIPROX	<i> deferiprone</i>	ADD UM: CS		Core Specialty
03/18/2024	<i> decitabine</i>	<i> decitabine</i>	ADD UM: CS		Core Specialty
03/18/2024	<i> doxorubicin hcl</i>	<i> doxorubicin hcl</i>	ADD UM: CS		Core Specialty
03/18/2024	AVASTIN	<i> bevacizumab</i>	ADD UM: CS		Core Specialty
03/18/2024	<i> sildenafil citrate</i>	<i> sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i> sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	VITRAKVI	<i> larotrectinib sulfate</i>	ADD UM: CS		Core Specialty
03/18/2024	<i> penicillamine</i>	<i> penicillamine</i>	ADD UM: CS		Core Specialty
03/18/2024	ADCIRCA	<i> tadalafil</i>	ADD UM: CS		Core Specialty
03/18/2024	HADLIMA(CF)	<i> adalimumab-bwwd</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	ADCIRCA	<i>tadalafil</i>	ADD UM: CS		Core Specialty
03/18/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SDS		Y
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: SDS		Y
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: SDS		Y
03/18/2024	PREGNYL	<i>chorionic gonadotropin, human</i>	ADD UM: SDS		Y
03/18/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: SDS		Y
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: SDS		Y
03/18/2024	PREGNYL	<i>chorionic gonadotropin, human</i>	ADD UM: SDS		Y
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: SDS		Y
03/18/2024	PREGNYL	<i>chorionic gonadotropin, human</i>	ADD UM: QUANTITY		max 42 days / fill
03/18/2024	PREGNYL	<i>chorionic gonadotropin, human</i>	ADD UM: QUANTITY		max 42 days / fill
03/18/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: QUANTITY		max 56 days / fill
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/18/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill
03/18/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: QUANTITY		max 730 days / fill
03/18/2024	AGAMREE	<i>vamorolone</i>	ADD UM: QUANTITY		max 90 days / fill
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/18/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	ADD UM: CS		Core Specialty
03/20/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	ADD UM: SPECIALTY		Specialty Drug
03/20/2024	IDAMYCIN PFS	<i>idarubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
03/20/2024	IDAMYCIN PFS	<i>idarubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
03/20/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: SPECIALTY		Specialty Drug
03/20/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: SPECIALTY		Specialty Drug
03/20/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: SPECIALTY		Specialty Drug
03/20/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: SPECIALTY		Specialty Drug
03/20/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: SPECIALTY		Specialty Drug
03/20/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: SPECIALTY		Specialty Drug
03/20/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
03/20/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
03/20/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: CS		Core Specialty
03/20/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: CS		Core Specialty
03/20/2024	<i>tolmetin sodium</i>	<i>tolmetin sodium</i>	ADD UM: B4		High Cost Brands and Generics
03/21/2024	THALOMID	<i>thalidomide</i>	CHANGE UM: MAXQTYPERDAY	1 per day	3.0 per day
03/21/2024	THALOMID	<i>thalidomide</i>	CHANGE UM: MAXQTYPERDAY	1 per day	4.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>methimazole</i>	<i>methimazole</i>	ADD TO FORMULARY		Preferred Generics
03/22/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/22/2024	<i>duloxetine hcl</i>	<i>duloxetine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/22/2024	<i>methimazole</i>	<i>methimazole</i>	ADD TO FORMULARY		Preferred Generics
03/22/2024	<i>prednisolone sodium phosphate</i>	<i>prednisolone sodium phosphate</i>	ADD TO FORMULARY		Preferred Generics
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/22/2024	<i>prednisolone sodium phosphate</i>	<i>prednisolone sodium phosphate</i>	ADD TO FORMULARY		Preferred Generics
03/22/2024	<i>duloxetine hcl</i>	<i>duloxetine hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
03/22/2024	<i>duloxetine hcl</i>	<i>duloxetine hcl</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
03/22/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>clonidine</i>	<i>clonidine</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>deferiprone (3 times a day)</i>	<i>deferiprone</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>estazolam</i>	<i>estazolam</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>zolmitriptan odt</i>	<i>zolmitriptan</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>anagrelide hcl</i>	<i>anagrelide hcl</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>anagrelide hcl</i>	<i>anagrelide hcl</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>estazolam</i>	<i>estazolam</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>zolmitriptan odt</i>	<i>zolmitriptan</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>clonidine</i>	<i>clonidine</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>ardenafil hcl</i>	<i>ardenafil hcl</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate</i>	ADD TO FORMULARY		Generics
03/22/2024	<i>anagrelide hcl</i>	<i>anagrelide hcl</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>anagrelide hcl</i>	<i>anagrelide hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>anagrelide hcl</i>	<i>anagrelide hcl</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>anagrelide hcl</i>	<i>anagrelide hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: B3		All Other
03/22/2024	<i>ardenafil hcl</i>	<i>ardenafil hcl</i>	ADD UM: MAXQTYPERDAY		0.2 per day
03/22/2024	<i>ardenafil hcl</i>	<i>ardenafil hcl</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/22/2024	<i>arenicline tartrate</i>	<i>arenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	<i>zolmitriptan odt</i>	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day
03/22/2024	<i>zolmitriptan odt</i>	<i>zolmitriptan</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>zolmitriptan odt</i>	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day
03/22/2024	<i>zolmitriptan odt</i>	<i>zolmitriptan</i>	ADD UM: B4		High Cost Brands and Generics
03/22/2024	<i>advocate pen needle</i>	<i>pen needle, diabetic</i>	ADD TO FORMULARY		Preferred Brands
03/22/2024	<i>advocate pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: DRUGCLASS		Insulin Syringes
03/22/2024	<i>advocate pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/22/2024	DUAKLIR PRESSAIR	<i>aclidinium bromide/formoterol fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	DUAKLIR PRESSAIR	<i>aclidinium bromide/formoterol fumarate</i>	ADD UM: MAXQTYPERDAY		0.034 per day
03/22/2024	DUAKLIR PRESSAIR	<i>aclidinium bromide/formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/22/2024	DUAKLIR PRESSAIR	<i>aclidinium bromide/formoterol fumarate</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	IDAMYCIN PFS	<i>idarubicin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	IDAMYCIN PFS	<i>idarubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	LEVOPHED	<i>norepinephrine bitartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	LEVOPHED	<i>norepinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>mitomycin</i>	<i>mitomycin</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	OGIVRI	<i>trastuzumab-dkst</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	OGIVRI	<i>trastuzumab-dkst</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	IDAMYCIN PFS	<i>idarubicin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	IDAMYCIN PFS	<i>idarubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>mitomycin</i>	<i>mitomycin</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>mitomycin</i>	<i>mitomycin</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>mitomycin</i>	<i>mitomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>vancomycin hcl-d5w</i>	<i>vancomycin in 5 % dextrose in water</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>vancomycin hcl-d5w</i>	<i>vancomycin in 5 % dextrose in water</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	LEVOPHED	<i>norepinephrine bitartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	LEVOPHED	<i>norepinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>vancomycin hcl-d5w</i>	<i>vancomycin in 5 % dextrose in water</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>vancomycin hcl-d5w</i>	<i>vancomycin in 5 % dextrose in water</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/22/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/22/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/22/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	HYPOCYN ANTIPRURITIC	<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e. water</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	HYPOCYN ANTIPRURITIC	<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e. water</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	LIVITA FOR ADULT	<i>multivitamin with min no.103/levomefolate calcium/inulin</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	LIVITA FOR ADULT	<i>multivitamin with min no.103/levomefolate calcium/inulin</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	<i>tofacitinib citrate</i>	<i>tofacitinib citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>tofacitinib citrate</i>	<i>tofacitinib citrate</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	<i>methylene blue</i>	<i>methylene blue</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>methylene blue</i>	<i>methylene blue</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	<i>tofacitinib citrate</i>	<i>tofacitinib citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>tofacitinib citrate</i>	<i>tofacitinib citrate</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	<i>methylene blue</i>	<i>methylene blue</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>methylene blue</i>	<i>methylene blue</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	<i>tofacitinib citrate</i>	<i>tofacitinib citrate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2024	<i>tofacitinib citrate</i>	<i>tofacitinib citrate</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	<i>methylene blue</i>	<i>methylene blue</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	<i>methylene blue</i>	<i>methylene blue</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	SALYNTRA	<i>salicylic acid</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	SALYNTRA	<i>salicylic acid</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	TEGLUTIK	<i>riluzole</i>	REMOVE FROM FORMULARY		Non-Formulary
03/22/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: COV		Non FDA Approved Drugs
03/22/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: MAXQTYPERDAY		15.134 per day
03/26/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
03/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
03/26/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: SPECIALTY		Specialty Drug
03/26/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
03/26/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
03/26/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
03/26/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: SPECIALTY		Specialty Drug
03/26/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
03/26/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: CS		Core Specialty

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/26/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: CS		Core Specialty
03/26/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/26/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
03/26/2024	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	ADD UM: CS		Core Specialty
03/26/2024	REZDIFFRA	<i>resmetirom</i>	ADD UM: COV		Coverage Delay
03/26/2024	REZDIFFRA	<i>resmetirom</i>	ADD UM: COV		Coverage Delay
03/26/2024	REZDIFFRA	<i>resmetirom</i>	ADD UM: COV		Coverage Delay
03/28/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: SPECIALTY		Specialty Drug
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>levonorgestrel- eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>amoxicillin- clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		12.0 per day
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		12.0 per day
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		12.0 per day
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/29/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>levonorgestrel-eth estradiol</i>	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
03/29/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
03/29/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>zolpidem tartrate er</i>	<i>zolpidem tartrate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD TO FORMULARY		Generics
03/29/2024	LIDOCAN IV	<i>lidocaine</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>lithium citrate</i>	<i>lithium citrate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>zolpidem tartrate er</i>	<i>zolpidem tartrate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Generics
03/29/2024	LIDOCAN IV	<i>lidocaine</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>buspirone hcl</i>	<i>buspirone hcl</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		6.0 per day
03/29/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		6.0 per day
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		30.0 per day
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>bisoprolol fumarate</i>	<i>bisoprolol fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/29/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD TO FORMULARY		Generics
03/29/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: MAXQTYPERDAY		0.084 per day
03/29/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: DRUGCLASS		Infertility
03/29/2024	<i>ganirelix acetate</i>	<i>ganirelix acetate</i>	ADD UM: PANAME		PA Applies
03/29/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>lithium citrate</i>	<i>lithium citrate</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
03/29/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: PANAME		PA Applies
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
03/29/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>zolpidem tartrate er</i>	<i>zolpidem tartrate er</i>	ADD UM: MAXQTYPERDAY		1.0 per day
03/29/2024	<i>zolpidem tartrate er</i>	<i>zolpidem tartrate er</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>dropsafe sicura safety needle</i>	<i>needles, safety</i>	ADD TO FORMULARY		Preferred Brands
03/29/2024	ZILXI	<i>minocycline hcl</i>	ADD TO FORMULARY		Preferred Brands
03/29/2024	<i>pen needle</i>	<i>pen needle, diabetic</i>	ADD TO FORMULARY		Preferred Brands
03/29/2024	<i>pen needle</i>	<i>pen needle, diabetic</i>	ADD TO FORMULARY		Preferred Brands
03/29/2024	<i>pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: DRUGCLASS		Insulin Syringes
03/29/2024	<i>pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: DRUGCLASS		Insulin Syringes
03/29/2024	<i>pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/29/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/29/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/29/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
03/29/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: PR		PREVENTIVE MEDICATION
03/29/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	<i>sodium fluoride f-18</i>	<i>sodium fluoride f-18</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>sodium fluoride f-18</i>	<i>sodium fluoride f-18</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	LENMELDY	<i>atidarsagene autotemcel</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	LENMELDY	<i>atidarsagene autotemcel</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: COV		Bucket 2 General Exclusions
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: DRUGCLASS		Immune Serums
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: DRUGCLASS		Immune Serums
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: DRUGCLASS		Immune Serums
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: DRUGCLASS		Immune Serums
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: DRUGCLASS		Immune Serums
03/29/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: DRUGCLASS		Immune Serums
03/29/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/29/2024	<i>lithium citrate</i>	<i>lithium citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>lithium citrate</i>	<i>lithium citrate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/29/2024	<i>lithium citrate</i>	<i>lithium citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>lithium citrate</i>	<i>lithium citrate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/29/2024	<i>amantadine</i>	<i>amantadine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/29/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/29/2024	<i>amantadine</i>	<i>amantadine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/29/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
03/29/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: FI1		Rx90 List
03/29/2024	<i>lithium citrate</i>	<i>lithium citrate</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
03/29/2024	<i>lithium citrate</i>	<i>lithium citrate</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
03/29/2024	DETROL LA	<i>tolterodine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	DETROL LA	<i>tolterodine tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/29/2024	PYLERA	<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	PYLERA	<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/29/2024	DETROL LA	<i>tolterodine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	DETROL LA	<i>tolterodine tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
03/29/2024	DETROL LA	<i>tolterodine tartrate</i>	ADD UM: FI1		Rx90 List
03/29/2024	DETROL LA	<i>tolterodine tartrate</i>	ADD UM: FI1		Rx90 List
03/29/2024	PROCTOCORT	<i>hydrocortisone</i>	ADD UM: MAXQTYPERDAY		15.134 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: COV		Non FDA Approved Drugs
03/29/2024	<i>dexamethasone acetate</i>	<i>dexamethasone acetate in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>dexamethasone acetate</i>	<i>dexamethasone acetate in sodium chloride, iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
03/29/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
03/29/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: COV		Non FDA Approved Drugs
03/29/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
03/29/2024	<i>pregabalin</i>	<i>pregabalin</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>pregabalin</i>	<i>pregabalin</i>	ADD UM: COV		Non FDA Approved Drugs
03/29/2024	<i>methadone hcl-0.9% nacl</i>	<i>methadone hydrochloride in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
03/29/2024	<i>methadone hcl-0.9% nacl</i>	<i>methadone hydrochloride in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
03/29/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: MAXQTYPERDAY		0.029 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies
03/29/2024	<i>lithium citrate</i>	<i>lithium citrate</i>	CHANGE TIER	Preferred Brands	Generics
03/29/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	CHANGE TIER	Non-Preferred Brands	Generics
03/29/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	CHANGE TIER	Non-Preferred Brands	Generics
03/29/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	CHANGE TIER	Non-Preferred Brands	Generics

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Alliant Net Results Formulary 2024 Updates

April, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	OPVEE	<i>nalmefene hcl</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
04/01/2024	OPVEE	<i>nalmefene hcl</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
04/01/2024	NYVEPRIA	<i>pegfilgrastim-apgf</i>	ADD TO FORMULARY		Preferred Brands
04/01/2024	NYVEPRIA	<i>pegfilgrastim-apgf</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	CIBINQO	<i>abrocitinib</i>	ADD TO FORMULARY		Preferred Brands
04/01/2024	CIBINQO	<i>abrocitinib</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	CIBINQO	<i>abrocitinib</i>	ADD TO FORMULARY		Preferred Brands
04/01/2024	CIBINQO	<i>abrocitinib</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	KALYDECO	<i>ivacaftor</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
04/01/2024	KALYDECO	<i>ivacaftor</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	CIBINQO	<i>abrocitinib</i>	ADD TO FORMULARY		Preferred Brands
04/01/2024	CIBINQO	<i>abrocitinib</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	SOHONOS	<i>palovarotene</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	SOHONOS	<i>palovarotene</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	SOHONOS	<i>palovarotene</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	OPZELURA	<i>ruxolitinib phosphate</i>	ADD TO FORMULARY		Non-Preferred Brands
04/01/2024	OPZELURA	<i>ruxolitinib phosphate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ORLADEYO	<i>berotralstat hydrochloride</i>	ADD TO FORMULARY		Non-Preferred Brands
04/01/2024	ORLADEYO	<i>berotralstat hydrochloride</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	LODOCO	<i>colchicine</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LODOCO	<i>colchicine</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	XDEMZY	<i>lotilaner</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	XDEMZY	<i>lotilaner</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	ORLADEYO	<i>berotralstat hydrochloride</i>	ADD TO FORMULARY		Non-Preferred Brands
04/01/2024	ORLADEYO	<i>berotralstat hydrochloride</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	SOHONOS	<i>palovarotene</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	SOHONOS	<i>palovarotene</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	SOHONOS	<i>palovarotene</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	SOHONOS	<i>palovarotene</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	SOHONOS	<i>palovarotene</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	SOHONOS	<i>palovarotene</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	NGENLA	<i>somatrogon-ghla</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	NGENLA	<i>somatrogon-ghla</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	IYUZEH	<i>latanoprost/pf</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ PEN	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	AIRSUPRA	<i>albuterol sulfate/budesonide</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ PEN	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	LITFULO	<i>ritlecitinib tosylate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	SUFLAVE	<i>peg 3350/sodium sulfate,chloride/potassium chlor/magnesium</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	IYUZEH	<i>latanoprost/pf</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	<i>sodium oxybate</i>	<i>sodium oxybate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	MIEBO	<i>perfluorohexyloctane/pf</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	NGENLA	<i>somatrogon-ghla</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	NGENLA	<i>somatrogon-ghla</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	BRENZAVVY	<i>bexagliflozin</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
04/01/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
04/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
04/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
04/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: QUANTITY		max 6 / 180 days
04/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: QUANTITY		max 4 / 180 days
04/01/2024	BRENZAVVY	<i>bexagliflozin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	HYRIMOZ	<i>adalimumab-adaz</i>	ADD UM: MAXQTYPERDAY		0.058 per day
04/01/2024	HYRIMOZ	<i>adalimumab-adaz</i>	ADD UM: MAXQTYPERDAY		0.058 per day
04/01/2024	HYRIMOZ PEN	<i>adalimumab-adaz</i>	ADD UM: MAXQTYPERDAY		0.058 per day
04/01/2024	HYRIMOZ PEN	<i>adalimumab-adaz</i>	ADD UM: MAXQTYPERDAY		0.058 per day
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	BEYFORTUS	<i>nirsevimab-alip</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	ADSTILADRIN	<i>nadofaragene firadenovec-vncg</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	BEYFORTUS	<i>nirsevimab-alip</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	IZERVAY	<i>avacincaptad pegol sodium/pf</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	TALVEY	<i>talquetamab-tgvs</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	APHEXDA	<i>motixafortide acetate</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	FIASP PUMPCART	<i>insulin aspart (niacinamide)/pump cartridge</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	FIASP PUMPCART	<i>insulin aspart (niacinamide)/pump cartridge</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	ADSTILADRIN	<i>nadofaragene firadenovec-vncg</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	VEOPOZ	<i>pozelimab-bbfg</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	BRIXADI	<i>buprenorphine</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	YCANTH	<i>cantharidin</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	YCANTH	<i>cantharidin</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	BEYFORTUS	<i>nirsevimab-alip</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	TALVEY	<i>talquetamab-tgvs</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	BRIXADI	<i>buprenorphine</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	YCANTH	<i>cantharidin</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	BRIXADI	<i>buprenorphine</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	ELREXFIO	<i>elranatamab-bcmm</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	BRIXADI	<i>buprenorphine</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	BRIXADI	<i>buprenorphine</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	BEYFORTUS	<i>nirsevimab-alip</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	VYVGART HYTRULO	<i>efgartigimod alfa-hyaluronidase-qvfc</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	ELREXFIO	<i>elranatamab-bcmm</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	EYLEA HD	<i>aflibercept</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	BRIXADI	<i>buprenorphine</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE FROM FORMULARY	Preferred Generics	Non-Formulary
04/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
04/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE UM: QPBU	HCRIRON Iron Supplements	
04/01/2024	<i>miglitol</i>	<i>miglitol</i>	CHANGE TIER	Generics	Non-Preferred Brands
04/01/2024	<i>melphalan</i>	<i>melphalan</i>	CHANGE TIER	Generics	Non-Preferred Brands
04/01/2024	<i>miglitol</i>	<i>miglitol</i>	CHANGE TIER	Generics	Non-Preferred Brands
04/01/2024	<i>hydrocodone-chlorpheniramine</i>	<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	CHANGE TIER	Generics	Non-Preferred Brands
04/01/2024	<i>hydrocodone-chlorpheniramine</i>	<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	CHANGE TIER	Generics	Non-Preferred Brands
04/01/2024	<i>hydrocodone-chlorpheniramine</i>	<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	CHANGE TIER	Generics	Non-Preferred Brands
04/01/2024	<i>amcinonide</i>	<i>amcinonide</i>	CHANGE TIER	Generics	Non-Preferred Brands
04/01/2024	<i>miglitol</i>	<i>miglitol</i>	CHANGE TIER	Generics	Non-Preferred Brands
04/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
04/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
04/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
04/01/2024	NORDITROPIN FLEXP	<i>somatropin</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	NORDITROPIN FLEXP	<i>somatropin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	NORDITROPIN FLEXP	<i>somatropin</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	NORDITROPIN FLEXP	<i>somatropin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	NORDITROPIN FLEXP	<i>somatropin</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	NORDITROPIN FLEXP	<i>somatropin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	ZIEXTENZO	<i>pegfilgrastim-bmez</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	ZIEXTENZO	<i>pegfilgrastim-bmez</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	NORDITROPIN FLEXP	<i>somatropin</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	NORDITROPIN FLEXP	<i>somatropin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	LIVALO	<i>pitavastatin calcium</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	LIVALO	<i>pitavastatin calcium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	VOTRIENT	<i>pazopanib hcl</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	VOTRIENT	<i>pazopanib hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	LIVALO	<i>pitavastatin calcium</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	LIVALO	<i>pitavastatin calcium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	ONEXTON	<i>clindamycin phosphate/benzoyl peroxide</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	ONEXTON	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	DIASTAT ACUDIAL	<i>diazepam</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	DIASTAT ACUDIAL	<i>diazepam</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	LIVALO	<i>pitavastatin calcium</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	LIVALO	<i>pitavastatin calcium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	DIASTAT ACUDIAL	<i>diazepam</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2024	DIASTAT ACUDIAL	<i>diazepam</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	TIBSOVO	<i>ivosidenib</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	TIBSOVO	<i>ivosidenib</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
04/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
04/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
04/01/2024	MITIGARE	<i>colchicine</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	MITIGARE	<i>colchicine</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	CAROSPIR	<i>spironolactone</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	MITIGARE	<i>colchicine</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	MITIGARE	<i>colchicine</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	CAROSPIR	<i>spironolactone</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	CAROSPIR	<i>spironolactone</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	MITIGARE	<i>colchicine</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	MITIGARE	<i>colchicine</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	RHOFADE	<i>oxymetazoline hcl</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	RHOFADE	<i>oxymetazoline hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	LODOCO	<i>colchicine</i>	ADD UM: B4		High Cost Brands and Generics
04/01/2024	XDEMVY	<i>lotilaner</i>	ADD UM: B4		High Cost Brands and Generics
04/01/2024	HYRIMOZ	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies
04/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
04/01/2024	OPZELURA	<i>ruxolitinib phosphate</i>	ADD UM: PANAME		PA Applies
04/01/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
04/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
04/01/2024	HYRIMOZ PEN	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies
04/01/2024	HYRIMOZ PEN	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
04/01/2024	HYRIMOZ	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies
04/01/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
04/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
04/01/2024	XDEMVY	<i>lotilaner</i>	ADD UM: STEP		ST applies
04/01/2024	ELREXFIO	<i>elranatamab-bcmm</i>	ADD UM: CS		Core Specialty
04/01/2024	ELREXFIO	<i>elranatamab-bcmm</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	ELREXFIO	<i>elranatamab-bcmm</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	ELREXFIO	<i>elranatamab-bcmm</i>	ADD UM: CS		Core Specialty
04/01/2024	<i>flurazepam hcl</i>	<i>flurazepam hcl</i>	ADD UM: B4		High Cost Brands and Generics
04/01/2024	<i>flurazepam hcl</i>	<i>flurazepam hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
04/01/2024	<i>flurazepam hcl</i>	<i>flurazepam hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
04/01/2024	<i>flurazepam hcl</i>	<i>flurazepam hcl</i>	ADD UM: B4		High Cost Brands and Generics
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LUMRYZ	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	<i>sodium oxybate</i>	<i>sodium oxybate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2024	<i>sodium oxybate</i>	<i>sodium oxybate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD UM: B4		High Cost Brands and Generics
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	ADD UM: CS		Core Specialty
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
04/01/2024	VEOPOZ	<i>pozelimab-bbfg</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	VEOPOZ	<i>pozelimab-bbfg</i>	ADD UM: CS		Core Specialty
04/01/2024	EYLEA HD	<i>aflibercept</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: PANAME		PA Applies
04/01/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	EYLEA HD	<i>afibercept</i>	ADD UM: CS		Core Specialty
04/01/2024	EYLEA HD	<i>afibercept</i>	ADD UM: MED		Medical Drug
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>	ADD UM: PANAME		PA Applies
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	OLPRUVA	<i>sodium phenylbutyrate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	SUFLAVE	<i>peg 3350/sodium sulfate, chloride/potassium chlor/magnesium</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	BRIXADI	<i>buprenorphine</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	BRIXADI	<i>buprenorphine</i>	ADD UM: CS		Core Specialty
04/01/2024	LODOCO	<i>colchicine</i>	ADD TO FORMULARY		Non-Preferred Brands
04/01/2024	LODOCO	<i>colchicine</i>	ADD UM: B4		High Cost Brands and Generics
04/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
04/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
04/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE UM: QPBU	HCRIRON Iron Supplements	
04/01/2024	CROTAN	<i>crotamiton</i>	ADD UM: B4		High Cost Brands and Generics
04/01/2024	OPZELURA	<i>ruxolitinib phosphate</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	FRUZAQLA	<i>fruquintinib</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	FRUZAQLA	<i>fruquintinib</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	TRUQAP	<i>capivasertib</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	TRUQAP	<i>capivasertib</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	XALKORI	<i>crizotinib</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	XALKORI	<i>crizotinib</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	XALKORI	<i>crizotinib</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ROZLYTREK	<i>entrectinib</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	<i>teriparatide</i>	<i>teriparatide</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	OPFOLDA	<i>miglustat</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ENTYVIO PEN	<i>vedolizumab</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	VELSIPITY	<i>etrasimod arginine</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		PA APPLIES

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ABRILADA(CF) PEN	<i>adalimumab-afzb</i>	CHANGE UM: PANAME	PA APPLIES	PA APPLIES
04/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	CHANGE UM: PANAME	PA APPLIES	PA APPLIES
04/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	ABRILADA(CF)	<i>adalimumab-afzb</i>	CHANGE UM: PANAME	PA APPLIES	PA APPLIES
04/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	OZOBAX DS	<i>baclofen</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	CABTREO	<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: PANAME		PA APPLIES
04/01/2024	VUITY	<i>pilocarpine hcl</i>	CHANGE UM: MAXQTYPERDAY	0.084 per day	0.167 per day
04/01/2024	OPFOLDA	<i>miglustat</i>	ADD UM: MAXQTYPERDAY		0.286 per day
04/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	INPEFA	<i>sotagliflozin</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	VELSIPITY	<i>etrasimod arginine</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	1 per day
04/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	CHANGE UM: MAXQTYPERDAY	2.0 per day	2 per day
04/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	CHANGE UM: MAXQTYPERDAY	2.0 per day	2 per day
04/01/2024	BREO ELLIPTA	<i>fluticasone furoate/vilanterol trifenate</i>	CHANGE UM: MAXQTYPERDAY	2.0 per day	2 per day
04/01/2024	OPZELURA	<i>ruxolitinib phosphate</i>	ADD UM: MAXQTYPERDAY		2 per day
04/01/2024	FRUZAQLA	<i>fruquintinib</i>	CHANGE UM: MAXQTYPERDAY	3.0 per day	3 per day
04/01/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	CHANGE UM: MAXQTYPERDAY	3.0 per day	3 per day
04/01/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	CHANGE UM: MAXQTYPERDAY	3.0 per day	3 per day
04/01/2024	XALKORI	<i>crizotinib</i>	CHANGE UM: MAXQTYPERDAY	4.0 per day	4 per day
04/01/2024	XALKORI	<i>crizotinib</i>	CHANGE UM: MAXQTYPERDAY	4.0 per day	4 per day
04/01/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	CHANGE UM: MAXQTYPERDAY	4.0 per day	4 per day
04/01/2024	XALKORI	<i>crizotinib</i>	CHANGE UM: MAXQTYPERDAY	6.0 per day	6 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ROZLYTREK	<i>entrectinib</i>	CHANGE UM: MAXQTYPERDAY	12.0 per day	12 per day
04/01/2024	OZOBAX DS	<i>baclofen</i>	ADD UM: MAXQTYPERDAY		40 per day
04/01/2024	OZOBAX DS	<i>baclofen</i>	CHANGE UM: MAXQTYPERDAY	40.0 per day	40 per day
04/01/2024	XDEMVIY	<i>lotilaner</i>	ADD UM: QUANTITY		max 20 / 120 days
04/01/2024	<i>aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>lo-dose aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>lo-dose aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>lo-dose aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	ECOTRIN	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>lo-dose aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/01/2024	DELYLA	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ENCARE	<i>nonoxynol 9</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	NORLYROC	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	<i>kimono maxx</i>	<i>condoms, latex, non-lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	REACT	<i>levonorgestrel</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	REALITY	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	<i>drospirenone-ethinyl estradiol</i>	<i>ethinyl estradiol/drospirenone</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	INTROVALE	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	TODAY CONTRACEPTIVE SPONGE	<i>nonoxynol 9</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	<i>kimono</i>	<i>condoms, latex, non-lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	VCF	<i>nonoxynol 9</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	TODAY CONTRACEPTIVE SPONGE	<i>nonoxynol 9</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	AMETHYST	<i>levonorgestrel-ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	DELYLA	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	ENCARE	<i>nonoxynol 9</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	NORLYROC	<i>norethindrone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>kimono maxx</i>	<i>condoms, latex, non-lubricated</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	REACT	<i>levonorgestrel</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	REALITY	<i>condoms, latex, lubricated</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>drospirenone-ethinyl estradiol</i>	<i>ethinyl estradiol/drospirenone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	INTROVALE	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	TODAY CONTRACEPTIVE SPONGE	<i>nonoxynol 9</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>kimono</i>	<i>condoms, latex, non-lubricated</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	VCF	<i>nonoxynol 9</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	TODAY CONTRACEPTIVE SPONGE	<i>nonoxynol 9</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	AMETHYST	<i>levonorgestrel-ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	THRIVE NICOTINE	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	THRIVE NICOTINE	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	NOVAVAX COVID 2023-2024 (EUA)	<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
04/01/2024	NOVAVAX COVID 2023-2024 (EUA)	<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
04/01/2024	ORSYTHIA	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	CAZANT	<i>desogestrel-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	CAZANT	<i>desogestrel-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	NOVAVAX COVID 2023-2024 (EUA)	<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	NOVAVAX COVID 2023-2024 (EUA)	<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-fine pen needles</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUZONE HIGH-DOSE QUAD 2021-22	<i>influenza virus vaccine quadrival split 2021-22(65 yr up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	PREVIFEM	<i>norgestimate-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quadriv 2021-2022(6 month and older)cell derived</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quadriv 2021-2022(6 month and older)cell derived</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUARIX QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	ORSYTHIA	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>budesonide-formoterol fumarate</i>	<i>budesonide/formoterol fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-lance</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	PREVIFEM	<i>norgestimate-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUMIST QUAD 2021-2022	<i>influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLULAVAL QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>sure-lance</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-lance</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	AFLURIA QUAD 2022-2023	<i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	AFLURIA QUAD 2022-2023	<i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	TRI-PREVIFEM	<i>norgestimate-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUBLOK QUAD 2021-2022	<i>influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	CYCLAFEM	<i>norethindrone-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUMIST QUAD 2021-2022	<i>influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>novotwist</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUBLOK QUAD 2021-2022	<i>influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quad 2021-2022(6 month and older)cell derived/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quad 2021-2022(6 month and older)cell derived/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLULAVAL QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-lance</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	TULANA	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	NORLYDA	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	TULANA	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>telmisartan-amlodipine</i>	<i>telmisartan/amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	LARISSIA	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>telmisartan-amlodipine</i>	<i>telmisartan/amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-lance</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-lance</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-touch</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	ZOVIA 1-35E	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>telmisartan-amlodipine</i>	<i>telmisartan/amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ZOVIA 1-35E	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	EMOQUETTE	<i>desogestrel-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-fine pen needles</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	TRI-PREVIFEM	<i>norgestimate-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>telmisartan-amlodipine</i>	<i>telmisartan/amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	EMOQUETTE	<i>desogestrel-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-fine pen needles</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUZONE HIGH-DOSE QUAD 2021-22	<i>influenza virus vaccine quadrival split 2021-22(65 yr up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	ORSYTHIA	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>budesonide-formoterol fumarate</i>	<i>budesonide/formoterol fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-lance</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-pen</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	AFLURIA QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	AFLURIA QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUARIX QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	ZARAH	<i>ethinyl estradiol/drospirenone</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	ZARAH	<i>ethinyl estradiol/drospirenone</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-fine pen needles</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	AFLURIA QUAD 2021-22 (3YR UP)	<i>influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	AFLURIA QUAD 2021-22 (3YR UP)	<i>influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>condoms</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	FLUAD QUAD 2021-2022	<i>influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c. 1/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	FLUAD QUAD 2021-2022	<i>influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c. 1/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	CYCLAFEM	<i>norethindrone-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	GAVILYTE-N	<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	LILLOW	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-fine pen needles</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	BREYNA	<i>budesonide/formoterol fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	AFLURIA QUAD 2021-22 (6-35MO)	<i>influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-fine pen needles</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	AFLURIA QUAD 2021-22 (6-35MO)	<i>influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sure-ject insulin syringe</i>	<i>syringe with needle, insulin, 0.3 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	REMOVE UM: COV	Coverage Delay	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	XYOSTED	<i>testosterone enanthate</i>	REMOVE UM: B4	High Cost Brands and Generics	
04/01/2024	XYOSTED	<i>testosterone enanthate</i>	REMOVE UM: B4	High Cost Brands and Generics	
04/01/2024	XYOSTED	<i>testosterone enanthate</i>	REMOVE UM: B4	High Cost Brands and Generics	
04/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	CHANGE UM: MAXQTYPERDAY	0.072 per day	0.036 per day
04/01/2024	IDACIO(CF)	<i>adalimumab-aacf</i>	CHANGE UM: MAXQTYPERDAY	0.072 per day	0.036 per day
04/01/2024	<i>adalimumab-aacf(cf) pen</i>	<i>adalimumab-aacf</i>	CHANGE UM: MAXQTYPERDAY	0.072 per day	0.036 per day
04/01/2024	FEMRING	<i>estradiol acetate</i>	CHANGE UM: QUANTITY	max 90 days / fill	max 1 / 90 days
04/01/2024	FEMRING	<i>estradiol acetate</i>	CHANGE UM: QUANTITY	max 90 days / fill	max 1 / 90 days
04/01/2024	ESTRING	<i>estradiol</i>	CHANGE UM: QUANTITY	max 90 days / fill	max 1 / 90 days
04/01/2024	ESTRING	<i>estradiol</i>	CHANGE UM: QUANTITY	max 90 days / fill	max 1 / 90 days
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	HYRIMOZ(CF)	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HYRIMOZ(CF) PEN CROHN-UC START	<i>adalimumab-adaz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	<i>sodium oxybate</i>	<i>sodium oxybate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	<i>sodium oxybate</i>	<i>sodium oxybate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	ELEVIDYS	<i>delandistrogene moxeparvovec-rokl</i>	CHANGE UM: COV	Non Formulary	Bucket 2 CTL 3 Drugs
04/01/2024	TURQOZ	<i>norgestrel-ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	TURQOZ	<i>norgestrel-ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>neria</i>	<i>subcutaneous administration set</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>neria</i>	<i>subcutaneous administration set</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>glucocom autolink</i>	<i>diabetic supplies,miscell</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>glucocom autolink</i>	<i>diabetic supplies,miscell</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>neria</i>	<i>subcutaneous administration set</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>neria</i>	<i>subcutaneous administration set</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>mini-wright peak flow meter</i>	<i>peak flow meter</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>mini-wright peak flow meter</i>	<i>peak flow meter</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>mini-wright peak flow meter</i>	<i>peak flow meter</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>mini-wright peak flow meter</i>	<i>peak flow meter</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	ALBUTEIN	<i>albumin human</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	ALBUTEIN	<i>albumin human</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>neria multi</i>	<i>sub-q administration set, trifurcated</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>neria multi</i>	<i>sub-q administration set, trifurcated</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	LANTIDRA RINSE BAG	<i>rinse media solution for donislecel-jujn</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	LANTIDRA RINSE BAG	<i>rinse media solution for donislecel-jujn</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>neria</i>	<i>subcutaneous administration set</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>neria</i>	<i>subcutaneous administration set</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>neria multi</i>	<i>sub-q administration set, bifurcated</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>neria multi</i>	<i>sub-q administration set, bifurcated</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	EYLEA HD	<i>afibercept</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
04/01/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
04/01/2024	<i>ondansetron hcl-0.9% nacl</i>	<i>ondansetron hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>ondansetron hcl-0.9% nacl</i>	<i>ondansetron hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>ondansetron hcl-0.9% nacl</i>	<i>ondansetron hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>ondansetron hcl-0.9% nacl</i>	<i>ondansetron hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	PACNEX LP	<i>benzoyl peroxide</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	PACNEX LP	<i>benzoyl peroxide</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	BPO	<i>benzoyl peroxide</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	BPO	<i>benzoyl peroxide</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>mitomycin-sterile water</i>	<i>mitomycin</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>mitomycin-sterile water</i>	<i>mitomycin</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>chorionic gonadotropin</i>	<i>chorionic gonadotropin, human</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>chorionic gonadotropin</i>	<i>chorionic gonadotropin, human</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	PACNEX	<i>benzoyl peroxide</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	PACNEX	<i>benzoyl peroxide</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	PACNEX HP	<i>benzoyl peroxide</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	PACNEX HP	<i>benzoyl peroxide</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	SYMAX	<i>hyoscyamine sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	SYMAX	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>ondansetron hcl-0.9% nacl</i>	<i>ondansetron hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>ondansetron hcl-0.9% nacl</i>	<i>ondansetron hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>botulism antitoxin heptavalent</i>	<i>botulism antitoxin heptavalent a,b,c,d,e,f,g(equine)/maltose</i>	REMOVE UM: DRUGCLASS	Immune Serums	
04/01/2024	<i>q-cliq pen (for natpara)</i>	<i>pen injector device</i>	REMOVE UM: SPECIALTY	Specialty Drug	
04/01/2024	<i>follistim pen device</i>	<i>pen injector device (for follitropin beta)</i>	REMOVE UM: SPECIALTY	Specialty Drug	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>adenovirus type 4 and type 7</i>	<i>adenovirus live type-4 and adenovirus live type-7 vaccine</i>	REMOVE UM: DRUGCLASS	Vaccine Network	
04/01/2024	<i>adenovirus type 4</i>	<i>adenovirus vaccine live type-4</i>	REMOVE UM: DRUGCLASS	Vaccine Network	
04/01/2024	<i>adenovirus type 7</i>	<i>adenovirus vaccine live type-7</i>	REMOVE UM: DRUGCLASS	Vaccine Network	
04/01/2024	LODOCO	<i>colchicine</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2024	LODOCO	<i>colchicine</i>	REMOVE UM: COV	Coverage Delay	
04/01/2024	<i>omniflex diaphragm</i>	<i>diaphragms, wide seal</i>	ADD TO FORMULARY		Non-Preferred Brands
04/01/2024	<i>omniflex diaphragm</i>	<i>diaphragms, wide seal</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/01/2024	<i>omniflex diaphragm</i>	<i>diaphragms, wide seal</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>omniflex diaphragm</i>	<i>diaphragms, wide seal</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD TO FORMULARY		Preferred Generics
04/01/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: PANAME		PA Applies
04/01/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/01/2024	IXCHIQ	<i>chikungunya vaccine, live/preservative free</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	IXCHIQ	<i>chikungunya vaccine, live/preservative free</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD TO FORMULARY		Generics
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: FI1		Rx90 List
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: FI1		Rx90 List
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: FI1		Rx90 List
04/01/2024	<i>candesartan cilexetil</i>	<i>candesartan cilexetil</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
04/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: MAXQTYPERDAY		9.0 per day
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: MAXQTYPERDAY		9.0 per day
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: MAXQTYPERDAY		9.0 per day
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: MAXQTYPERDAY		45.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: MAXQTYPERDAY		45.0 per day
04/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
04/01/2024	<i>levocarnitine</i>	<i>levocarnitine (with sugar)</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>levocarnitine</i>	<i>levocarnitine (with sugar)</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
04/01/2024	<i>levocarnitine</i>	<i>levocarnitine (with sugar)</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>levocarnitine</i>	<i>levocarnitine (with sugar)</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
04/01/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
04/01/2024	<i>insulin degludec pen (u-200)</i>	<i>insulin degludec</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>insulin degludec pen (u-200)</i>	<i>insulin degludec</i>	ADD UM: MAXQTYPERDAY		3.334 per day
04/01/2024	<i>insulin degludec pen (u-200)</i>	<i>insulin degludec</i>	ADD UM: DRUGCLASS		Insulin
04/01/2024	<i>insulin degludec pen (u-200)</i>	<i>insulin degludec</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	<i>insulin degludec pen (u-200)</i>	<i>insulin degludec</i>	ADD UM: FI1		Rx90 + Insulin List
04/01/2024	<i>insulin degludec pen (u-200)</i>	<i>insulin degludec</i>	ADD UM: SDS		Y

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	PRALUENT PEN	<i>alirocumab</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	PRALUENT PEN	<i>alirocumab</i>	ADD UM: MAXQTYPERDAY		0.072 per day
04/01/2024	PRALUENT PEN	<i>alirocumab</i>	ADD UM: PANAME		PA Applies
04/01/2024	PRALUENT PEN	<i>alirocumab</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	PRALUENT PEN	<i>alirocumab</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	<i>omega-3 acid ethyl esters</i>	<i>omega-3 acid ethyl esters</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>omega-3 acid ethyl esters</i>	<i>omega-3 acid ethyl esters</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/01/2024	<i>omega-3 acid ethyl esters</i>	<i>omega-3 acid ethyl esters</i>	ADD UM: FI1		Rx90 List
04/01/2024	<i>tobramycin sulfate</i>	<i>tobramycin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>sodium fluoride f-18</i>	<i>sodium fluoride f-18</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>gallium citrate ga-67</i>	<i>gallium-67 citrate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	AMYVID	<i>florbetapir f-18</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>bivalirudin</i>	<i>bivalirudin</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>sodium fluoride f-18</i>	<i>sodium fluoride f-18</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>tc 99m sulfur colloid prep</i>	<i>kit for prep tc 99m/sodium thiosulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>streptomycin sulfate</i>	<i>streptomycin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	ALBUTEIN	<i>albumin human</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>water</i>	<i>water for injection,sterile</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	ULTRAVIST	<i>iopromide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>gallium citrate ga-67</i>	<i>gallium-67 citrate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>water</i>	<i>water for injection,sterile</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	OMIDRIA	<i>phenylephrine hcl/ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>water</i>	<i>water for injection,sterile</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty
04/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: CS		Core Specialty
04/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
04/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: PANAME		PA Applies
04/01/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: CS		Core Specialty
04/01/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: MED		Medical Drug
04/01/2024	IGALMI	<i>dexmedetomidine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	IGALMI	<i>dexmedetomidine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	IGALMI	<i>dexmedetomidine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	YUTIQ	<i>fluocinolone acetonide</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	YUTIQ	<i>fluocinolone acetonide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	YUTIQ	<i>fluocinolone acetonide</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	IGALMI	<i>dexmedetomidine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	IGALMI	<i>dexmedetomidine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/01/2024	IGALMI	<i>dexmedetomidine hcl</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	LIVALO	<i>pitavastatin calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	LIVALO	<i>pitavastatin calcium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl-bupivacaine-nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl-bupivacaine-nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>tropicamide-cyclopent-pe-ktrlc</i>	<i>cyclopentolate/tropicamide/p henylephrine/ketorolac in water</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>tropicamide-cyclopent-pe-ktrlc</i>	<i>cyclopentolate/tropicamide/p henylephrine/ketorolac in water</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>succinylcholine chloride</i>	<i>succinylcholine chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>succinylcholine chloride</i>	<i>succinylcholine chloride</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl-bupivacaine-nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl-bupivacaine-nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf nacl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf nacl</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl in sodium chloride, iso-osmotic/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>tropicamide-phenylephrine</i>	<i>phenylephrine hcl/tropicamide in sterile water</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>tropicamide-phenylephrine</i>	<i>phenylephrine hcl/tropicamide in sterile water</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>ketamine hcl-0.9% nacl</i>	<i>ketamine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>ketamine hcl-0.9% nacl</i>	<i>ketamine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>ropivacaine hcl-0.9% nacl</i>	<i>ropivacaine hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>ropivacaine hcl-0.9% nacl</i>	<i>ropivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>neostigmine-sterile water</i>	<i>neostigmine methylsulfate in sterile water for injection</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>neostigmine-sterile water</i>	<i>neostigmine methylsulfate in sterile water for injection</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>ketamine hcl-nacl</i>	<i>ketamine hcl in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>ketamine hcl-nacl</i>	<i>ketamine hcl in sodium chloride, iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>epinephrine-0.9% nacl</i>	<i>epinephrine in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>epinephrine-0.9% nacl</i>	<i>epinephrine in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>bevacizumab</i>	<i>bevacizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>bevacizumab</i>	<i>bevacizumab</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>bevacizumab</i>	<i>bevacizumab</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	LUMAKRAS	<i>sotorasib</i>	ADD TO FORMULARY		Non-Preferred Brands
04/01/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: MAXQTYPERDAY		8.0 per day
04/01/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: PANAME		PA Applies
04/01/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: CS		Core Specialty
04/01/2024	BAQSIMI	<i>glucagon</i>	ADD TO FORMULARY		Preferred Brands
04/01/2024	<i>adjustable lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
04/01/2024	NOVOLIN R FLEXPEN	<i>insulin regular, human</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	HIBERIX	<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	ADD TO FORMULARY		Preferred Brands
04/01/2024	ADBRY	<i>tralokinumab-ldrm</i>	ADD TO FORMULARY		Preferred Brands
04/01/2024	ADBRY	<i>tralokinumab-ldrm</i>	ADD UM: MAXQTYPERDAY		0.143 per day
04/01/2024	ADBRY	<i>tralokinumab-ldrm</i>	ADD UM: PANAME		PA Applies
04/01/2024	ADBRY	<i>tralokinumab-ldrm</i>	ADD UM: SPECIALTY		Specialty Drug
04/01/2024	ADBRY	<i>tralokinumab-ldrm</i>	ADD UM: CS		Core Specialty
04/01/2024	<i>adjustable lancing device</i>	<i>lancing device</i>	ADD UM: DRUGCLASS		Lancets
04/01/2024	<i>adjustable lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	BAQSIMI	<i>glucagon</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	HIBERIX	<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
04/01/2024	HIBERIX	<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
04/01/2024	HIBERIX	<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	NOVOLIN R FLEXPEN	<i>insulin regular, human</i>	ADD UM: MAXQTYPERDAY		3.334 per day
04/01/2024	NOVOLIN R FLEXPEN	<i>insulin regular, human</i>	ADD UM: DRUGCLASS		Insulin
04/01/2024	NOVOLIN R FLEXPEN	<i>insulin regular, human</i>	ADD UM: FI1		Rx90 + Insulin List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	NOVOLIN R FLEXPEN	<i>insulin regular, human</i>	ADD UM: SDS		Y
04/01/2024	NOVOLIN R FLEXPEN	<i>insulin regular, human</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Preferred Generics
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Preferred Generics
04/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Preferred Generics
04/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
04/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: MAXQTYPERDAY		90.0 per day
04/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: MAXQTYPERDAY		90.0 per day
04/01/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
04/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
04/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
04/01/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/01/2024	<i>safety syringe</i>	<i>syringe,safety with needle,0.5 ml</i>	REMOVE UM: DRUGCLASS	Insulin Syringes	
04/01/2024	<i>vanishpoint syringe</i>	<i>syringe,safety with needle,3 ml</i>	REMOVE UM: DRUGCLASS	Insulin Syringes	
04/01/2024	<i>vanishpoint syringe</i>	<i>syringe,safety with needle,3 ml</i>	REMOVE UM: DRUGCLASS	Insulin Syringes	
04/01/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
04/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/01/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/01/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/01/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	CHANGE UM: CUSTOM	Age Edits Apply: 40-75 years	[ACA] Age Edits Apply: 40-75 years
04/01/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	CHANGE UM: CUSTOM	Age Edits Apply: 40-75 years	[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	CHANGE UM: CUSTOM	Age Edits Apply: 40-75 years	[ACA] Age Edits Apply: 40-75 years
04/01/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	CHANGE UM: CUSTOM	Age Edits Apply: 40-75 years	[ACA] Age Edits Apply: 40-75 years
04/01/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	CHANGE UM: CUSTOM	Age Edits Apply: 40-75 years	[ACA] Age Edits Apply: 40-75 years
04/01/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	CHANGE UM: CUSTOM	Age Edits Apply: 40-75 years	[ACA] Age Edits Apply: 40-75 years
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	CHANGE UM: CUSTOM	Quantity Limits May Apply	[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	CHANGE UM: CUSTOM	Quantity Limits May Apply	[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	CHANGE UM: CUSTOM	Quantity Limits May Apply	[ACA] Quantity Limits May Apply
04/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	CHANGE UM: CUSTOM	Quantity Limits May Apply	[ACA] Quantity Limits May Apply
04/01/2024	XDEMZY	<i>lotilaner</i>	CHANGE UM: QUANTITY	max 20 / 120 days	max 10 / 50 days
04/01/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	CHANGE UM: QUANTITY	max 2.4 / 56 days	max 2 / 56 days
04/01/2024	ZURZUVAE	<i>zuranolone</i>	CHANGE UM: QUANTITY	max 30 / 365 days	max 28 / 365 days
04/01/2024	ZURZUVAE	<i>zuranolone</i>	CHANGE UM: QUANTITY	max 30 / 365 days	max 28 / 365 days
04/01/2024	ENSPRYNG	<i>satralizumab-mwge</i>	ADD UM: QUANTITY		max 1 / 28 days
04/01/2024	ENSPRYNG	<i>satralizumab-mwge</i>	REMOVE UM: MAXQTYPERDAY	0.036 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>	ADD UM: QUANTITY		max 10 / 30 days
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>	REMOVE UM: MAXQTYPERDAY	0.334 per day	
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>	ADD UM: QUANTITY		max 10 / 30 days
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>	REMOVE UM: MAXQTYPERDAY	0.334 per day	
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>	ADD UM: QUANTITY		max 10 / 30 days
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>	REMOVE UM: MAXQTYPERDAY	0.334 per day	
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>	ADD UM: QUANTITY		max 10 / 30 days
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>	REMOVE UM: MAXQTYPERDAY	0.334 per day	
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>	ADD UM: QUANTITY		max 10 / 30 days
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>	REMOVE UM: MAXQTYPERDAY	0.334 per day	
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>	ADD UM: QUANTITY		max 10 / 30 days
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>	REMOVE UM: MAXQTYPERDAY	0.334 per day	
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>	ADD UM: QUANTITY		max 10 / 30 days
04/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>	REMOVE UM: MAXQTYPERDAY	0.334 per day	
04/01/2024	LYUMJEV	<i>insulin lispro-aabc</i>	ADD UM: QUANTITY		max 100 / 30 days

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	LYUMJEV	<i>insulin lispro-aabc</i>	REMOVE UM: MAXQTYPERDAY	3.334 per day	
04/01/2024	LYUMJEV KWIKPEN U-100	<i>insulin lispro-aabc</i>	ADD UM: QUANTITY		max 100 / 30 days
04/01/2024	LYUMJEV KWIKPEN U-100	<i>insulin lispro-aabc</i>	REMOVE UM: MAXQTYPERDAY	3.334 per day	
04/01/2024	LYUMJEV TEMPO PEN U-100	<i>insulin lispro-aabc</i>	ADD UM: QUANTITY		max 100 / 30 days
04/01/2024	LYUMJEV TEMPO PEN U-100	<i>insulin lispro-aabc</i>	REMOVE UM: MAXQTYPERDAY	3.334 per day	
04/01/2024	LYUMJEV KWIKPEN U-200	<i>insulin lispro-aabc</i>	ADD UM: QUANTITY		max 100 / 30 days
04/01/2024	LYUMJEV KWIKPEN U-200	<i>insulin lispro-aabc</i>	REMOVE UM: MAXQTYPERDAY	3.334 per day	
04/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	ADD UM: QUANTITY		max 40 / 30 days
04/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE UM: MAXQTYPERDAY	8.0 per day	
04/01/2024	INQOVI	<i>decitabine/cedazuridine</i>	ADD UM: QUANTITY		max 5 / 28 days
04/01/2024	INQOVI	<i>decitabine/cedazuridine</i>	REMOVE UM: MAXQTYPERDAY	0.179 per day	
04/01/2024	CETROTIDE	<i>cetorelix acetate</i>	ADD UM: QUANTITY		max 5 / 30 days
04/01/2024	CETROTIDE	<i>cetorelix acetate</i>	REMOVE UM: MAXQTYPERDAY	0.167 per day	
04/01/2024	REYVOW	<i>lasmiditan succinate</i>	ADD UM: QUANTITY		max 8 / 30 days
04/01/2024	REYVOW	<i>lasmiditan succinate</i>	REMOVE UM: MAXQTYPERDAY	0.267 per day	
04/01/2024	REYVOW	<i>lasmiditan succinate</i>	ADD UM: QUANTITY		max 8 / 30 days

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	REYVOW	<i>lasmiditan succinate</i>	REMOVE UM: MAXQTYPERDAY	0.267 per day	
04/01/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	ADD UM: QUANTITY		max 20 / 30 days
04/01/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: MAXQTYPERDAY	4.0 per day	
04/01/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: QUANTITY		max 20 / 30 days
04/01/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: MAXQTYPERDAY	4.0 per day	
04/01/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	ADD UM: QUANTITY		max 30 / 30 days
04/01/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: MAXQTYPERDAY	6.0 per day	
04/01/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	ADD UM: QUANTITY		max 30 / 30 days
04/01/2024	PAXLOVID (EUA)	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: MAXQTYPERDAY	6.0 per day	
04/01/2024	STELARA	<i>ustekinumab</i>	CHANGE UM: QUANTITY		max 104 per 180 days
04/01/2024	OCREVUS	<i>ocrelizumab</i>	CHANGE UM: QUANTITY	max 2 / 180 days	max 20 per 180 days
04/01/2024	LEMTRADA	<i>alemtuzumab</i>	ADD UM: QUANTITY		max 6 per 365 days
04/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	CHANGE UM: QUANTITY	max 55 / 180 days	max 45 per 180 days
04/01/2024	BIMZELX	<i>bimekizumab-bkzx</i>	CHANGE UM: QUANTITY	max 2.4 / 56 days	max 2 / 56 days
04/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days
04/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: MAXQTYPERDAY		
04/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: MAXQTYPERDAY		
04/01/2024	CIALIS	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days
04/01/2024	CIALIS	<i>tadalafil</i>	REMOVE UM: MAXQTYPERDAY	0.2 per day	
04/01/2024	CIALIS	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days
04/01/2024	CIALIS	<i>tadalafil</i>	REMOVE UM: MAXQTYPERDAY	0.2 per day	
04/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
04/01/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
04/01/2024	ENSPRYNG	<i>satralizumab-mwge</i>	ADD UM: MAXQTYPERDAY		0.036 per day
04/01/2024	INQOVI	<i>decitabine/cedazuridine</i>	ADD UM: MAXQTYPERDAY		0.179 per day
04/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	ADD UM: MAXQTYPERDAY		8.0 per day
04/01/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	ADD UM: MAXQTYPERDAY		4.0 per day
04/01/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	ADD UM: MAXQTYPERDAY		6.0 per day
04/01/2024	REYVOW	<i>lasmiditan succinate</i>	ADD UM: MAXQTYPERDAY		0.267 per day
04/01/2024	REYVOW	<i>lasmiditan succinate</i>	ADD UM: MAXQTYPERDAY		0.267 per day
04/01/2024	XDEMVY	<i>lotilaner</i>	CHANGE UM: QUANTITY	max 10 / 50 days	max 20 / 120 days
04/03/2024	IZERVAY	<i>avacincaptad pegol sodium/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/03/2024	IZERVAY	<i>avacincaptad pegol sodium/pf</i>	ADD UM: COV		Coverage Delay
04/03/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	REMOVE FROM FORMULARY		Non-Formulary
04/03/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: COV		Coverage Delay
04/03/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	REMOVE FROM FORMULARY		Non-Formulary
04/03/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: COV		Coverage Delay
04/03/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
04/03/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD UM: SPECIALTY		Specialty Drug
04/03/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	ADD UM: SPECIALTY		Specialty Drug
04/03/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
04/03/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	ADD UM: SPECIALTY		Specialty Drug
04/03/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
04/03/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
04/03/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
04/03/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD UM: CS		Core Specialty
04/03/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
04/03/2024	ANTHRASIL (NATIONAL STOCKPILE)	<i>anthrax immune globulin (human)</i>	ADD UM: DRUGCLASS		Immune Serums
04/03/2024	ANTHRASIL (NATIONAL STOCKPILE)	<i>anthrax immune globulin (human)</i>	ADD UM: DRUGCLASS		Immune Serums
04/03/2024	FLEXBUMIN	<i>albumin human</i>	ADD UM: DRUGCLASS		Blood/Blood Products

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/03/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ABILIFY ASIMTUFII	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ABILIFY MAINTENA	<i>aripiprazole</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ARISTADA INITIO	<i>aripiprazole lauroxil, submicronized</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ARISTADA	<i>aripiprazole lauroxil</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/03/2024	BOTOX	<i>onabotulinumtoxinA</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	BOTOX	<i>onabotulinumtoxinA</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	BOTOX	<i>onabotulinumtoxinA</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	DUROLANE	<i>hyaluronate sodium, stabilized</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	DUROLANE	<i>hyaluronate sodium, stabilized</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	DYSPORE	<i>abobotulinumtoxinA</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	DYSPORE	<i>abobotulinumtoxinA</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	DYSPORE	<i>abobotulinumtoxinA</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	EUFLEXXA	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	EUFLEXXA	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	GEL-ONE	<i>hyaluronate sod, cross-linked</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	HYALGAN	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	HYMOVIS	<i>hyaluronate sodium, modified, non-crosslinked</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	GENVISC 850	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	HYALGAN	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/03/2024	GELSYN-3	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	HYMOVIS	<i>hyaluronate sodium, modified, non-crosslinked</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA TRINZA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA SUSTENNA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA HAFYERA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	INVEGA HAFYERA	<i>paliperidone palmitate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/03/2024	MIRENA	<i>levonorgestrel</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	MONOVISC	<i>hyaluronate sodium, stabilized</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	KYLEENA	<i>levonorgestrel</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RISPERDAL CONSTA	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	KYLEENA	<i>levonorgestrel</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/03/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ORTHOVISC	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	SKYLA	<i>levonorgestrel</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	SYNOJOYNT	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	VISCO-3	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	SYNVISC-ONE	<i>hylan g-f 20</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	SUPARTZ FX	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	SYNVISC	<i>hylan g-f 20</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	TRILURON	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	SYNVISC	<i>hylan g-f 20</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/03/2024	TRIVISC	<i>hyaluronate sodium</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	ZYPREXA RELPREVV	<i>olanzapine pamoate</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
04/03/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: COV		Coverage Delay
04/04/2024	TYMLOS	<i>abaloparatide</i>	ADD UM: CS		Core Specialty
04/04/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
04/04/2024	TYMLOS	<i>abaloparatide</i>	ADD UM: CS		Core Specialty
04/04/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: CS		Core Specialty
04/04/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
04/04/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: CS		Core Specialty
04/04/2024	ZEJULA	<i>niraparib tosylate</i>	ADD UM: CS		Core Specialty
04/04/2024	TEGSEDI	<i>inotersen sodium</i>	ADD UM: CS		Core Specialty
04/04/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
04/04/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
04/04/2024	DUPIXENT SYRINGE	<i>dupilumab</i>	ADD UM: CS		Core Specialty
04/04/2024	ZEJULA	<i>niraparib tosylate</i>	ADD UM: CS		Core Specialty
04/04/2024	DUPIXENT SYRINGE	<i>dupilumab</i>	ADD UM: CS		Core Specialty
04/04/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: CS		Core Specialty
04/04/2024	ZEJULA	<i>niraparib tosylate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
04/04/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
04/04/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
04/04/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: CS		Core Specialty
04/04/2024	VONVENDI	<i>von willebrand factor (recombinant)</i>	ADD UM: CS		Core Specialty
04/04/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: CS		Core Specialty
04/04/2024	TURALIO	<i>pexidartinib hydrochloride</i>	ADD UM: CS		Core Specialty
04/04/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
04/04/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
04/04/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
04/04/2024	VONVENDI	<i>von willebrand factor (recombinant)</i>	ADD UM: CS		Core Specialty
04/04/2024	TRETTEN	<i>factor xiii a-subunit, recombinant</i>	ADD UM: CS		Core Specialty
04/04/2024	ACTHAR	<i>corticotropin</i>	ADD UM: PANAME		PA Applies
04/04/2024	ACTHAR	<i>corticotropin</i>	ADD UM: CS		Core Specialty
04/05/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: FI1		Rx90 List
04/05/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	VEVYE	<i>cyclosporine</i>	ADD UM: FI1		Rx90 List
04/05/2024	WEGOVY	<i>semaglutide</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Rx90 List
04/05/2024	LODOCO	<i>colchicine</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Rx90 + Insulin List
04/05/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Rx90 + Insulin List
04/05/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Rx90 + Insulin List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: FI1		Rx90 + Insulin List
04/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/05/2024	<i>techlite lancets</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>onetouch verio flex meter</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>techlite lancets</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>onetouch verio reflect meter</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>onetouch ultra2</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>onetouch ultra control soln</i>	<i>blood glucose calibration control solution, normal</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	JYNNEOS (NATIONAL STOCKPILE)	<i>smallpox and monkeypox vaccine, live, nonreplicating/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	JYNNEOS	<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>true comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>onetouch ultra control soln</i>	<i>blood glucose calibration control solution, normal</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>onetouch verio flex meter</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>onetouch verio flex meter</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>tempo refill kit (with gauze)</i>	<i>lancets/blood glucose test strips/pen needles/gauze</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>embrace wave plus glucose mtr</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>embrace wave plus glucose mtr</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>onetouch verio mid cntrl soln</i>	<i>blood glucose calibration control solution, normal</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>caresens n feliz bt glucos mtr</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>caresens n feliz glucose meter</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>onetouch verio high cntrl soln</i>	<i>blood glucose calibration control solution, high</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>assure id pro pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>assure id duo pro sfty pen ndl</i>	<i>pen needle, diabetic, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>strive peak flow meter</i>	<i>peak flow meter</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>contour next gen</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: CS		Core Specialty
04/05/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: CS		Core Specialty
04/05/2024	VISTOGARD	<i>uridine triacetate</i>	ADD UM: CS		Core Specialty
04/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>dutasteride</i>	<i>dutasteride</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>dutasteride</i>	<i>dutasteride</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD TO FORMULARY		Preferred Generics
04/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>dutasteride</i>	<i>dutasteride</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>dutasteride</i>	<i>dutasteride</i>	ADD UM: FI1		Rx90 List
04/05/2024	LIDOCAN V	<i>lidocaine</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>erythromycin ethylsuccinate</i>	<i>erythromycin ethylsuccinate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>chlorzoxazone</i>	<i>chlorzoxazone</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>clindamycin phosphate</i>	<i>clindamycin phosphate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>dextroamphetamine-amphet er</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>clindamycin phosphate</i>	<i>clindamycin phosphate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>chlorzoxazone</i>	<i>chlorzoxazone</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>flecainide acetate</i>	<i>flecainide acetate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>fenoprofen calcium</i>	<i>fenoprofen calcium</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>ibuprofen-famotidine</i>	<i>ibuprofen/famotidine</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>flecainide acetate</i>	<i>flecainide acetate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>buprenorphine hcl</i>	<i>buprenorphine hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>clonidine</i>	<i>clonidine</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>galantamine hbr</i>	<i>galantamine hbr</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>galantamine hbr</i>	<i>galantamine hbr</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>buprenorphine hcl</i>	<i>buprenorphine hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>flecainide acetate</i>	<i>flecainide acetate</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>galantamine hbr</i>	<i>galantamine hbr</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>erythromycin ethylsuccinate</i>	<i>erythromycin ethylsuccinate</i>	ADD TO FORMULARY		Generics
04/05/2024	LIDOCAN V	<i>lidocaine</i>	ADD TO FORMULARY		Generics
04/05/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
04/05/2024	PROCTOCORT	<i>hydrocortisone</i>	ADD TO FORMULARY		Generics
04/05/2024	PROCTOCORT	<i>hydrocortisone</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	
04/05/2024	<i>buprenorphine hcl</i>	<i>buprenorphine hcl</i>	ADD UM: QUANTITY		max 6 / 90 days
04/05/2024	<i>buprenorphine hcl</i>	<i>buprenorphine hcl</i>	ADD UM: QUANTITY		max 6 / 90 days
04/05/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: DRUGCLASS		Acne Products
04/05/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: B4		High Cost Brands and Generics
04/05/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		2.0 per day
04/05/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/05/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs
04/05/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/05/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD UM: DRUGCLASS		ADD Drugs
04/05/2024	<i>fenoprofen calcium</i>	<i>fenoprofen calcium</i>	ADD UM: B4		High Cost Brands and Generics
04/05/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/05/2024	<i>flecainide acetate</i>	<i>flecainide acetate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>flecainide acetate</i>	<i>flecainide acetate</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
04/05/2024	<i>flecainide acetate</i>	<i>flecainide acetate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>flecainide acetate</i>	<i>flecainide acetate</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
04/05/2024	<i>flecainide acetate</i>	<i>flecainide acetate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>flecainide acetate</i>	<i>flecainide acetate</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
04/05/2024	<i>galantamine hbr</i>	<i>galantamine hbr</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>galantamine hbr</i>	<i>galantamine hbr</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>galantamine hbr</i>	<i>galantamine hbr</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>ibuprofen-famotidine</i>	<i>ibuprofen/famotidine</i>	ADD UM: B4		High Cost Brands and Generics
04/05/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/05/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: PANAME		PA APPLIES
04/05/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
04/05/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: PANAME		PA APPLIES
04/05/2024	LIDOCAN V	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/05/2024	LIDOCAN V	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
04/05/2024	LIDOCAN V	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/05/2024	LIDOCAN V	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
04/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
04/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>luerslip syringe</i>	<i>syringe, disposable, 1 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>luer-lok syringe</i>	<i>syringe, disposable, 5 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>integra syringe</i>	<i>syringe,safety with needle,3 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>luer-lok tip syringe</i>	<i>syringe, disposable, 30 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>true comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>syringe luer-lok sterile</i>	<i>syringe, disposable, 50 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>eclipse needle</i>	<i>needles, safety</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>eclipse needle</i>	<i>needles, disposable</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>syringe</i>	<i>syringe, disposable, 10 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>allergist tray</i>	<i>syring w-needl 0.5 ml,kit-tray</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>allergist tray</i>	<i>syringe with needle,disposable, 0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>allergist tray</i>	<i>syringe with needle,disposable, 1 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>true comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>syringe bulk</i>	<i>syringe, disposable, 20 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>nokor needle</i>	<i>needles, disposable</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>nokor admix needle</i>	<i>needles, disposable</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>safetyglide syringe</i>	<i>syringe, safety with needle, 3 ml</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>safetyglide needle</i>	<i>needles, safety</i>	ADD TO FORMULARY		Preferred Brands
04/05/2024	<i>true comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes
04/05/2024	<i>true comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes
04/05/2024	<i>true comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	POKONZA	<i>potassium chloride</i>	ADD TO FORMULARY		Non-Preferred Brands
04/05/2024	<i>fastep covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
04/05/2024	<i>prenatal plus-dha</i>	<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>	ADD TO FORMULARY		Non-Preferred Brands
04/05/2024	DENTA 5000 PLUS SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	ADD TO FORMULARY		Non-Preferred Brands
04/05/2024	<i>fastep covid-19 ag home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
04/05/2024	POKONZA	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
04/05/2024	POKONZA	<i>potassium chloride</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	DENTA 5000 PLUS SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	ADD UM: B4		High Cost Brands and Generics
04/05/2024	<i>prenatal plus-dha</i>	<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>	ADD UM: B3		All Other
04/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
04/05/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	ALCAINE	<i>proparacaine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	ALCAINE	<i>proparacaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>furosemide</i>	<i>furosemide</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>posaconazole</i>	<i>posaconazole</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>posaconazole</i>	<i>posaconazole</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>ketamine hcl</i>	<i>ketamine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>ketamine hcl</i>	<i>ketamine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>midazolam hcl</i>	<i>midazolam hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	FLEXBUMIN	<i>albumin human</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	FLEXBUMIN	<i>albumin human</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>ketamine hcl</i>	<i>ketamine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>ketamine hcl</i>	<i>ketamine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>ketamine hcl</i>	<i>ketamine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>ketamine hcl</i>	<i>ketamine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>epinephrine</i>	<i>epinephrine</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>epinephrine</i>	<i>epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>ketamine hcl</i>	<i>ketamine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>ketamine hcl</i>	<i>ketamine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>oxaliplatin</i>	<i>oxaliplatin</i>	ADD UM: COV		Bucket 2 General Exclusions
04/05/2024	IZERVAY	<i>avacincaptad pegol sodium/pf</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 Institutional and Hospital Pack
04/05/2024	IZERVAY	<i>avacincaptad pegol sodium/pf</i>	ADD UM: CS		Core Specialty
04/05/2024	IZERVAY	<i>avacincaptad pegol sodium/pf</i>	ADD UM: SPECIALTY		Specialty Drug
04/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/05/2024	LOTEMAX	<i>loteprednol etabonate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	LOTEMAX	<i>loteprednol etabonate</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 MSC O Non Covered Drugs
04/05/2024	NAPROSYN	<i>naproxen</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	NAPROSYN	<i>naproxen</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/05/2024	ANAPROX DS	<i>naproxen sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	ANAPROX DS	<i>naproxen sodium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	CARDIZEM CD	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/05/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>phentolamine mesylate</i>	<i>phentolamine mesylate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>phentolamine mesylate</i>	<i>phentolamine mesylate</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>naltrexone hcl dihydrate</i>	<i>naltrexone hydrochloride dihydrate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>naltrexone hcl dihydrate</i>	<i>naltrexone hydrochloride dihydrate</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>naltrexone hcl dihydrate</i>	<i>naltrexone hydrochloride dihydrate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>naltrexone hcl dihydrate</i>	<i>naltrexone hydrochloride dihydrate</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	PEMGARDA (EUA)	<i>pemivibart</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	PEMGARDA (EUA)	<i>pemivibart</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>naltrexone hcl dihydrate</i>	<i>naltrexone hydrochloride dihydrate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>naltrexone hcl dihydrate</i>	<i>naltrexone hydrochloride dihydrate</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>methadone hcl-nacl</i>	<i>methadone hcl in sodium chloride,iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>methadone hcl-nacl</i>	<i>methadone hcl in sodium chloride,iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>finasteride</i>	<i>finasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>finasteride</i>	<i>finasteride</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>finasteride</i>	<i>finasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>finasteride</i>	<i>finasteride</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>naltrexone hcl dihydrate</i>	<i>naltrexone hydrochloride dihydrate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>naltrexone hcl dihydrate</i>	<i>naltrexone hydrochloride dihydrate</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>topiramate</i>	<i>topiramate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>topiramate</i>	<i>topiramate</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>topiramate</i>	<i>topiramate</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>topiramate</i>	<i>topiramate</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>ropivacaine hcl-0.9% nacl</i>	<i>ropivacaine hcl in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>ropivacaine hcl-0.9% nacl</i>	<i>ropivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
04/05/2024	<i>finasteride</i>	<i>finasteride</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>finasteride</i>	<i>finasteride</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	REMOVE FROM FORMULARY		Non-Formulary
04/05/2024	<i>thyroid</i>	<i>thyroid,pork</i>	ADD UM: COV		Non FDA Approved Drugs
04/05/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	CHANGE TIER	Non-Preferred Brands	Generics
04/05/2024	LIDOCAN IV	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/05/2024	LIDOCAN IV	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
04/05/2024	LIDOCAN IV	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/05/2024	LIDOCAN IV	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
04/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/05/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/10/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: COV		Coverage Delay
04/10/2024	OPSYNVI	<i>macitentan/tadalafil</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: COV		Coverage Delay
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: COV		Coverage Delay
04/10/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: COV		Coverage Delay
04/10/2024	VOYDEYA	<i>danicopan</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	VOYDEYA	<i>danicopan</i>	ADD UM: COV		Coverage Delay
04/10/2024	SPEVIGO	<i>spesolimab-sbzo</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD UM: COV		Coverage Delay
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: COV		Coverage Delay
04/10/2024	VOYDEYA	<i>danicopan</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	VOYDEYA	<i>danicopan</i>	ADD UM: COV		Coverage Delay
04/10/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: COV		Coverage Delay
04/10/2024	OPSYNVI	<i>macitentan/tadalafil</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE FROM FORMULARY		Non-Formulary
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: COV		Coverage Delay
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: COV		Coverage Delay
04/10/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: COV		Coverage Delay
04/10/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD UM: COV		Coverage Delay
04/10/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: COV		Coverage Delay
04/10/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: COV		Coverage Delay
04/10/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: COV		Coverage Delay
04/10/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: COV		Coverage Delay
04/10/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>baclofen</i>	<i>baclofen</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>baclofen</i>	<i>baclofen</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>baclofen</i>	<i>baclofen</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>baclofen</i>	<i>baclofen</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>baclofen</i>	<i>baclofen</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	CHANGE TIER	Generics	Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/10/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>cefuroxime</i>	<i>cefuroxime axetil</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>cefuroxime</i>	<i>cefuroxime axetil</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>cefuroxime</i>	<i>cefuroxime axetil</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>cefuroxime</i>	<i>cefuroxime axetil</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>cephalexin</i>	<i>cephalexin</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>clozapine</i>	<i>clozapine</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>clozapine</i>	<i>clozapine</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>diltiazem 24hr er (cd)</i>	<i>diltiazem hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	CHANGE TIER	Generics	Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/10/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>quetiapine fumarate er</i>	<i>quetiapine fumarate</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>valsartan</i>	<i>valsartan</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>valsartan</i>	<i>valsartan</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>nystatin</i>	<i>nystatin</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>nystatin</i>	<i>nystatin</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>nystatin</i>	<i>nystatin</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>doxepin hcl</i>	<i>doxepin hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>doxepin hcl</i>	<i>doxepin hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>telmisartan</i>	<i>telmisartan</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>drospirenone-ethinyl estradiol</i>	<i>ethinyl estradiol/drospirenone</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	CHANGE TIER	Generics	Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/10/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	CHANGE TIER	Generics	Preferred Generics
04/10/2024	<i>cycloserine</i>	<i>cycloserine</i>	CHANGE TIER	Non-Preferred Brands	Generics
04/10/2024	<i>cycloserine</i>	<i>cycloserine</i>	CHANGE TIER	Non-Preferred Brands	Generics
04/10/2024	SOTALOL AF	<i>sotalol hcl</i>	CHANGE TIER	Preferred Generics	Generics
04/10/2024	SOTALOL AF	<i>sotalol hcl</i>	CHANGE TIER	Preferred Generics	Generics
04/10/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: MAXQTYPERDAY		0.072 per day
04/10/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: PANAME		PA Applies
04/11/2024	VIAGRA	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	TRI-MIX (PAPVRN-PHNTLMN-PGE1)	<i>papaverine hcl/phentolamine mesylate/alprostadil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	VIAGRA	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	CIALIS	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	CIALIS	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	VIAGRA	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/11/2024	VIAGRA	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	VIAGRA	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	VIAGRA	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	VIAGRA	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	VIAGRA	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	VIAGRA	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
04/11/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
04/11/2024	<i>norelgestromin-eth estradiol</i>	<i>norelgestromin/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
04/11/2024	PLENITY	<i>carboxymethylcellulose/citric acid</i>	ADD UM: DRUGCLASS		Weight Loss
04/11/2024	PLENITY	<i>carboxymethylcellulose/citric acid</i>	ADD UM: DRUGCLASS		Weight Loss
04/11/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: DRUGCLASS		ADD Drugs
04/11/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: DRUGCLASS		ADD Drugs
04/11/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: DRUGCLASS		ADD Drugs
04/11/2024	<i>dextroamphetamine sulfate</i>	<i>dextroamphetamine sulfate</i>	ADD UM: DRUGCLASS		ADD Drugs
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2024	<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate</i>	ADD TO FORMULARY		Preferred Generics
04/12/2024	<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate</i>	ADD TO FORMULARY		Preferred Generics
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD TO FORMULARY		Preferred Generics
04/12/2024	<i>cyclobenzaprine hcl</i>	<i>cyclobenzaprine hcl</i>	ADD TO FORMULARY		Preferred Generics
04/12/2024	<i>cyclobenzaprine hcl</i>	<i>cyclobenzaprine hcl</i>	ADD TO FORMULARY		Preferred Generics
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD TO FORMULARY		Preferred Generics
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>valganciclovir hcl</i>	<i>valganciclovir hcl</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>doxycycline monohydrate</i>	<i>doxycycline monohydrate</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>selegiline hcl</i>	<i>selegiline hcl</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>buspirone hcl</i>	<i>buspirone hcl</i>	ADD TO FORMULARY		Generics
04/12/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD UM: MAXQTYPERDAY		6.0 per day
04/12/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD UM: MAXQTYPERDAY		6.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD UM: B4		High Cost Brands and Generics
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD UM: B4		High Cost Brands and Generics
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD UM: B4		High Cost Brands and Generics
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>memantine hcl er</i>	<i>memantine hcl</i>	ADD UM: B4		High Cost Brands and Generics
04/12/2024	<i>selegiline hcl</i>	<i>selegiline hcl</i>	ADD UM: FI1		Rx90 List
04/12/2024	<i>true comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD TO FORMULARY		Preferred Brands
04/12/2024	<i>true comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: DRUGCLASS		Insulin Syringes
04/12/2024	<i>true comfort safety pen needle</i>	<i>pen needle, diabetic, safety</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/12/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Non-Preferred Brands
04/12/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>paclitaxel</i>	<i>paclitaxel</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>paclitaxel</i>	<i>paclitaxel</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>eptifibatide</i>	<i>eptifibatide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>paclitaxel</i>	<i>paclitaxel</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/12/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/12/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/12/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/12/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: CS		Core Specialty
04/12/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl/pf</i>	ADD UM: SPECIALTY		Specialty Drug
04/12/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl/pf</i>	ADD UM: SPECIALTY		Specialty Drug
04/12/2024	<i>paclitaxel</i>	<i>paclitaxel</i>	ADD UM: SPECIALTY		Specialty Drug
04/12/2024	<i>paclitaxel</i>	<i>paclitaxel</i>	ADD UM: SPECIALTY		Specialty Drug
04/12/2024	<i>paclitaxel</i>	<i>paclitaxel</i>	ADD UM: SPECIALTY		Specialty Drug
04/12/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: QUANTITY		max 730 days / fill
04/12/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: SDS		Y
04/12/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: SPECIALTY		Specialty Drug
04/12/2024	<i>zoledronic acid</i>	<i>zoledronic acid in mannitol and water for injection</i>	ADD UM: CS		Core Specialty
04/12/2024	OPSYNVI	<i>macitentan/tadalafil</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 Institutional and Hospital Pack
04/12/2024	TYVASO DPI	<i>treprostinil</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 Institutional and Hospital Pack
04/12/2024	OPSYNVI	<i>macitentan/tadalafil</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 Institutional and Hospital Pack
04/12/2024	TYVASO DPI	<i>treprostinil</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 Institutional and Hospital Pack
04/12/2024	OPSYNVI	<i>macitentan/tadalafil</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 Institutional and Hospital Pack
04/12/2024	OPSYNVI	<i>macitentan/tadalafil</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2024	TYVASO DPI	<i>treprostinil</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 Institutional and Hospital Pack
04/12/2024	TYVASO DPI	<i>treprostinil</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 Institutional and Hospital Pack
04/12/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>ropivacaine hcl-0.9% nacl</i>	<i>ropivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>heparin sodium-0.9% nacl</i>	<i>heparin sodium,porcine in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>heparin sodium-0.9% nacl</i>	<i>heparin sodium,porcine in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>midazolam hcl-0.9% nacl</i>	<i>midazolam hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>ropivacaine hcl-0.9% nacl</i>	<i>ropivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2024	<i>midazolam hcl-0.9% nacl</i>	<i>midazolam hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/12/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics
04/12/2024	<i>meperidine hcl</i>	<i>meperidine hcl</i>	REMOVE UM: MAXQTYPERDAY		
04/12/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
04/12/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	REMOVE UM: MAXQTYPERDAY	4.0 per day	
04/12/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: MAXQTYPERDAY		0.048 per day
04/12/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: PANAME		PA Applies
04/12/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: MAXQTYPERDAY		0.048 per day
04/12/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: PANAME		PA Applies
04/12/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: MAXQTYPERDAY		0.048 per day
04/12/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: PANAME		PA Applies
04/12/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: MAXQTYPERDAY		0.048 per day
04/12/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: PANAME		PA Applies
04/12/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/12/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: PANAME		PA Applies
04/12/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/12/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: PANAME		PA Applies
04/16/2024	PEMRYDI RTU	<i>pemetrexed disodium</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/16/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	AMTAGVI	<i>lifileucel</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	PEMRYDI RTU	<i>pemetrexed disodium</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: SPECIALTY		Specialty Drug
04/16/2024	AMTAGVI	<i>lifileucel</i>	ADD UM: CS		Core Specialty
04/17/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
04/17/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SPECIALTY		Specialty Drug
04/17/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
04/17/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
04/17/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
04/17/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/17/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SPECIALTY		Specialty Drug
04/17/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
04/17/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
04/17/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
04/17/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
04/17/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
04/17/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
04/17/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>cyproheptadine hcl</i>	<i>cyproheptadine hcl</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	EMZAHH	<i>norethindrone</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bisoprolol-hydrochlorothiazide</i>	<i>bisoprolol fumarate/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
04/19/2024	EMZAHH	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
04/19/2024	EMZAHH	<i>norethindrone</i>	ADD UM: DRUGCLASS		Contraceptives
04/19/2024	EMZAHH	<i>norethindrone</i>	ADD UM: FI1		Rx90 List
04/19/2024	EMZAHH	<i>norethindrone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
04/19/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/19/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>modafinil</i>	<i>modafinil</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>modafinil</i>	<i>modafinil</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>mesalamine</i>	<i>mesalamine</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>butalbital-acetaminophen</i>	<i>butalbital/acetaminophen</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>butalbital-acetaminophen</i>	<i>butalbital/acetaminophen</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	ORMALVI	<i>dichlorphenamide</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>rufinamide</i>	<i>rufinamide</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>desmopressin acetate</i>	<i>desmopressin acetate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
04/19/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: MAXQTYPERDAY		16.0 per day
04/19/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: PANAME		PA Applies
04/19/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics
04/19/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: MAXQTYPERDAY		16.0 per day
04/19/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics
04/19/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD UM: MAXQTYPERDAY		6.0 per day
04/19/2024	<i>butalbital-acetaminophen-caffe</i>	<i>butalbital/acetaminophen/caffeine</i>	ADD UM: B4		High Cost Brands and Generics
04/19/2024	<i>butalbital-acetaminophen</i>	<i>butalbital/acetaminophen</i>	ADD UM: MAXQTYPERDAY		6.0 per day
04/19/2024	<i>butalbital-acetaminophen</i>	<i>butalbital/acetaminophen</i>	ADD UM: B4		High Cost Brands and Generics
04/19/2024	<i>butalbital-acetaminophen</i>	<i>butalbital/acetaminophen</i>	ADD UM: MAXQTYPERDAY		6.0 per day
04/19/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: B3		All Other
04/19/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
04/19/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
04/19/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: FI1		Rx90 List
04/19/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>mesalamine</i>	<i>mesalamine</i>	ADD UM: FI1		Rx90 List
04/19/2024	ORMALVI	<i>dichlorphenamide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
04/19/2024	ORMALVI	<i>dichlorphenamide</i>	ADD UM: PANAME		PA Applies
04/19/2024	ORMALVI	<i>dichlorphenamide</i>	ADD UM: B4		High Cost Brands and Generics
04/19/2024	ORMALVI	<i>dichlorphenamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/19/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/19/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
04/19/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/19/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
04/19/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: QUANTITY		max 56 days / fill
04/19/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SDS		Y
04/19/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: QUANTITY		max 56 days / fill
04/19/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SDS		Y
04/19/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
04/19/2024	<i>techlite plus pen needle</i>	<i>pen needle, diabetic</i>	ADD TO FORMULARY		Preferred Brands
04/19/2024	<i>syringe slip tip</i>	<i>syringe, disposable, 50 ml</i>	ADD TO FORMULARY		Preferred Brands
04/19/2024	<i>techlite plus pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: DRUGCLASS		Insulin Syringes

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>techlite plus pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/19/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>gadobutrol</i>	<i>gadobutrol</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	CEFOTAN	<i>cefotetan disodium</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	CEFOTAN	<i>cefotetan disodium</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>bupivacaine hcl</i>	<i>bupivacaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>gadobutrol</i>	<i>gadobutrol</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	ROBAXIN	<i>methocarbamol</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	CEFOTAN	<i>cefotetan disodium</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>gadobutrol</i>	<i>gadobutrol</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	CEFOTAN	<i>cefotetan disodium</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>gadobutrol</i>	<i>gadobutrol</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
04/19/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
04/19/2024	AIRSUPRA	<i>albuterol sulfate/budesonide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
04/19/2024	AIRSUPRA	<i>albuterol sulfate/budesonide</i>	ADD UM: MAXQTYPERDAY		1.07 per day
04/19/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
04/19/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/19/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/19/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/19/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>methadone hcl</i>	<i>methadone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>dutasteride</i>	<i>dutasteride</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>methadone hcl</i>	<i>methadone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>methadone hcl</i>	<i>methadone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>minoxidil</i>	<i>minoxidil</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>naltrexone hcl dihydrate</i>	<i>naltrexone hydrochloride dihydrate</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf nacl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>dutasteride</i>	<i>dutasteride</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	KETOVIE 3:1	<i>nutritional tx, ketogenic, whey</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>cefazolin sodium-sterile water</i>	<i>cefazolin sodium/water for injection, sterile</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>oxycodone hydrochloride</i>	<i>oxycodone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>oxycodone hydrochloride</i>	<i>oxycodone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>oxycodone hydrochloride</i>	<i>oxycodone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>ropivacaine hcl-0.9% nacl</i>	<i>ropivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2024	<i>meperidine hcl</i>	<i>meperidine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>meperidine hcl</i>	<i>meperidine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>dutasteride</i>	<i>dutasteride</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>meperidine hcl</i>	<i>meperidine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>dutasteride</i>	<i>dutasteride</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>meperidine hcl</i>	<i>meperidine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf nacl</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	<i>dutasteride</i>	<i>dutasteride</i>	ADD UM: COV		Non FDA Approved Drugs
04/19/2024	EMZAHH	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/19/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/23/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>adalimumab-aaty(cf) autoinj(2)</i>	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>dacarbazine</i>	<i>dacarbazine</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>dacarbazine</i>	<i>dacarbazine</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	<i>dactinomycin</i>	<i>dactinomycin</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: SPECIALTY		Specialty Drug
04/23/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/23/2024	<i>adalimumab-aaty(cf) autoinj(2)</i>	<i>adalimumab-aaty</i>	ADD UM: CS		Core Specialty
04/23/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: CS		Core Specialty
04/23/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: CS		Core Specialty
04/23/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: CS		Core Specialty
04/23/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: CS		Core Specialty
04/23/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
04/23/2024	<i>dactinomycin</i>	<i>dactinomycin</i>	ADD UM: CS		Core Specialty
04/23/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: CS		Core Specialty
04/24/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: COV		Coverage Delay
04/24/2024	<i>adalimumab-aaty(cf) autoinj(2)</i>	<i>adalimumab-aaty</i>	ADD UM: COV		Coverage Delay
04/24/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: COV		Coverage Delay
04/24/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: COV		Coverage Delay
04/24/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: COV		Coverage Delay
04/24/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: COV		Coverage Delay
04/24/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: COV		Coverage Delay
04/26/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>tamsulosin hcl</i>	<i>tamsulosin hcl</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>zaleplon</i>	<i>zaleplon</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>methimazole</i>	<i>methimazole</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>zaleplon</i>	<i>zaleplon</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>levofloxacin</i>	<i>levofloxacin</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>methimazole</i>	<i>methimazole</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>amoxicillin</i>	<i>amoxicillin</i>	ADD TO FORMULARY		Preferred Generics
04/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>metoprolol succinate</i>	<i>metoprolol succinate</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/26/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/26/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	CHANGE UM: MAXQTYPERDAY	3 per day	3.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
04/26/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>tamsulosin hcl</i>	<i>tamsulosin hcl</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>zaleplon</i>	<i>zaleplon</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/26/2024	<i>zaleplon</i>	<i>zaleplon</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/26/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>hydrocortisone acetate</i>	<i>hydrocortisone acetate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	<i>everolimus</i>	<i>everolimus</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>hydrocortisone acetate</i>	<i>hydrocortisone acetate</i>	ADD TO FORMULARY		Generics
04/26/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
04/26/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
04/26/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: PANAME		PA Applies
04/26/2024	<i>vivaguard lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
04/26/2024	<i>vivaguard lancet</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
04/26/2024	<i>vivaguard lancet</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
04/26/2024	<i>vivaguard lancet</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/26/2024	<i>vivaguard lancing device</i>	<i>lancing device</i>	ADD UM: DRUGCLASS		Lancets
04/26/2024	<i>vivaguard lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/26/2024	<i>tolmetin sodium</i>	<i>tolmetin sodium</i>	ADD TO FORMULARY		Non-Preferred Brands
04/26/2024	<i>carbinoxamine maleate</i>	<i>carbinoxamine maleate</i>	ADD TO FORMULARY		Non-Preferred Brands
04/26/2024	FRAICHE 5000 PREVI	<i>sodium fluoride/hydroxyapatite</i>	ADD TO FORMULARY		Non-Preferred Brands
04/26/2024	FRAICHE 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	ADD TO FORMULARY		Non-Preferred Brands
04/26/2024	<i>carbinoxamine maleate</i>	<i>carbinoxamine maleate</i>	ADD UM: B4		High Cost Brands and Generics
04/26/2024	<i>tolmetin sodium</i>	<i>tolmetin sodium</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	<i>vivaguard ino test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/26/2024	<i>vivaguard ino test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/26/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/26/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
04/26/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/26/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: FI1		Rx90 List
04/26/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: PR		PREVENTIVE MEDICATION
04/26/2024	<i>vivaguard ino test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: MAXQTYPERDAY		6.8 per day
04/26/2024	<i>vivaguard ino test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
04/26/2024	<i>vivaguard ino test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: MAXQTYPERDAY		6.8 per day
04/26/2024	<i>vivaguard ino test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
04/26/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>sodium acetate</i>	<i>sodium acetate</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	<i>dacarbazine</i>	<i>dacarbazine</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>dacarbazine</i>	<i>dacarbazine</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>ganciclovir</i>	<i>ganciclovir</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>dexmedetomidine -0.9% nacl</i>	<i>dexmedetomidine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>carboprost tromethamine</i>	<i>carboprost tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>ganciclovir</i>	<i>ganciclovir</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>dactinomycin</i>	<i>dactinomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	<i>tobramycin sulfate</i>	<i>tobramycin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
04/26/2024	PREVIDENT KIDS	<i>fluoride (sodium)</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/26/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/26/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
04/26/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: FI1		Rx90 List
04/26/2024	AMITIZA	<i>lubiprostone</i>	ADD UM: FI1		Rx90 List
04/26/2024	VUEBLU	<i>methylene blue</i>	ADD UM: COV		Non FDA Approved Drugs
04/26/2024	<i>glucagon hcl</i>	<i>glucagon hcl</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
04/26/2024	FRAICHE 5000 PREVI	<i>sodium fluoride/hydroxyapatite</i>	ADD UM: B4		High Cost Brands and Generics
04/26/2024	FRAICHE 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	ADD UM: B4		High Cost Brands and Generics
04/26/2024	PREVIDENT KIDS	<i>fluoride (sodium)</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: MAXQTYPERDAY		2.0 per day
04/26/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: MAXQTYPERDAY		2.0 per day
04/26/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: MAXQTYPERDAY		0.072 per day
04/26/2024	<i>adalimumab-aaty(cf) autoinj(2)</i>	<i>adalimumab-aaty</i>	ADD UM: MAXQTYPERDAY		36.0 per day
04/26/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: MAXQTYPERDAY		0.072 per day
04/26/2024	<i>adalimumab-aaty(cf) autoinj(2)</i>	<i>adalimumab-aaty</i>	CHANGE UM: MAXQTYPERDAY	36.0 per day	0.036 per day
04/26/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		PA Applies
04/26/2024	<i>adalimumab-aaty(cf) autoinj(2)</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		PA Applies
04/26/2024	<i>adalimumab-aaty(cf) autoinject</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		PA Applies
04/30/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
04/30/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: SPECIALTY		Specialty Drug
04/30/2024	<i>cetrotrelax acetate</i>	<i>cetrotrelax acetate</i>	ADD UM: SPECIALTY		Specialty Drug
04/30/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
04/30/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
04/30/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
04/30/2024	<i>cetrotrelax acetate</i>	<i>cetrotrelax acetate</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/30/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
04/30/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: CS		Core Specialty
04/30/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: CS		Core Specialty
04/30/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
04/30/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: CS		Core Specialty
04/30/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

May, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	REMOVE UM: COV	Coverage Delay	
05/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	REMOVE UM: COV	Coverage Delay	
05/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	REMOVE UM: COV	Coverage Delay	
05/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	REMOVE UM: COV	Coverage Delay	
05/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	REMOVE UM: COV	Coverage Delay	
05/01/2024	OPFOLDA	<i>miglustat</i>	REMOVE UM: COV	Coverage Delay	
05/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/01/2024	AKEEGA	<i>niraparib tosylate/abiraterone acetate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/01/2024	OJJAARA	<i>momelotinib dihydrochloride</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/01/2024	OPFOLDA	<i>miglustat</i>	ADD UM: COV		Coverage Delay
05/01/2024	AMTAGVI	<i>lifileucel</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	AMTAGVI	<i>lifileucel</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>gel vehicle for nexobrid</i>	<i>vehicle gel for anacaulase-bcdb</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>gel vehicle for nexobrid</i>	<i>vehicle gel for anacaulase-bcdb</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	DILUENT FOR HIBERIX	<i>diluent for haemophilus b vaccine (tetanus-conj)(0.9 % nacl)</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	DILUENT FOR HIBERIX	<i>diluent for haemophilus b vaccine (tetanus-conj)(0.9 % nacl)</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	NEXOBRID POWDER COMPONENT	<i>anacaulase-bcdb</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	NEXOBRID POWDER COMPONENT	<i>anacaulase-bcdb</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	SIVEXTRO	<i>tedizolid phosphate</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	SIVEXTRO	<i>tedizolid phosphate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	PULMOTECH MAA	<i>kit for prep of tc-99m/albumin human,aggregated</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	PULMOTECH MAA	<i>kit for prep of tc-99m/albumin human,aggregated</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	PULMOTECH MAA	<i>kit for prep of tc-99m/albumin human,aggregated</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	PULMOTECH MAA	<i>kit for prep of tc-99m/albumin human,aggregated</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	PULMOTECH MAA	<i>kit for prep of tc-99m/albumin human,aggregated</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	PULMOTECH MAA	<i>kit for prep of tc-99m/albumin human,aggregated</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>ketamine hcl-0.9% nacl</i>	<i>ketamine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>ketamine hcl-0.9% nacl</i>	<i>ketamine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	EXTENCILLINE	<i>penicillin g benzathine</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	EXTENCILLINE	<i>penicillin g benzathine</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	EXTENCILLINE	<i>penicillin g benzathine</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	EXTENCILLINE	<i>penicillin g benzathine</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	ANTICHOLIUM	<i>physostigmine salicylate</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	ANTICHOLIUM	<i>physostigmine salicylate</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>hydromorphone hcl-0.9% nacl</i>	<i>hydromorphone hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>fentanyl-ropivacaine-nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>fentanyl-ropivacaine-nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>ketamine hcl-0.9% nacl</i>	<i>ketamine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>ketamine hcl-0.9% nacl</i>	<i>ketamine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	CAELYX	<i>doxorubicin hcl pegylated liposomal</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	CAELYX	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	CAELYX	<i>doxorubicin hcl pegylated liposomal</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	CAELYX	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>prednisolone phos-bromfenac</i>	<i>prednisolone sodium phosphate/bromfenac sodium/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>prednisolone phos-bromfenac</i>	<i>prednisolone sodium phosphate/bromfenac sodium/pf</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>magellan safety needle</i>	<i>needles, safety</i>	ADD TO FORMULARY		Preferred Brands
05/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: PANAME		PA Applies
05/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: MED		Medical Drug
05/01/2024	MYOBLOC	<i>rimabotulinumtoxinb</i>	ADD UM: PANAME		PA Applies
05/01/2024	MYOBLOC	<i>rimabotulinumtoxinb</i>	ADD UM: MED		Medical Drug
05/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: PANAME		PA Applies
05/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: MED		Medical Drug
05/01/2024	MYOBLOC	<i>rimabotulinumtoxinb</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	MYOBLOC	<i>rimabotulinumtoxinb</i>	ADD UM: MED		Medical Drug
05/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: PANAME		PA Applies
05/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: MED		Medical Drug
05/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: PANAME		PA Applies
05/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: MED		Medical Drug
05/01/2024	LEMTRADA	<i>alemtuzumab</i>	ADD UM: PANAME		PA Applies
05/01/2024	LEMTRADA	<i>alemtuzumab</i>	ADD UM: MED		Medical Drug
05/01/2024	BRIUMVI	<i>ublituximab-xiiy</i>	ADD UM: PANAME		PA Applies
05/01/2024	BRIUMVI	<i>ublituximab-xiiy</i>	ADD UM: MED		Medical Drug
05/01/2024	LILETTA	<i>levonorgestrel</i>	ADD UM: PANAME		PA Applies
05/01/2024	LILETTA	<i>levonorgestrel</i>	ADD UM: MED		Medical Drug
05/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: PANAME		PA Applies
05/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: MED		Medical Drug
05/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: PANAME		PA Applies
05/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: MED		Medical Drug
05/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: PANAME		PA Applies
05/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: MED		Medical Drug
05/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: PANAME		PA Applies
05/01/2024	<i>risperidone er</i>	<i>risperidone microspheres</i>	ADD UM: MED		Medical Drug
05/01/2024	MYOBLOC	<i>rimabotulinumtoxinb</i>	ADD UM: PANAME		PA Applies
05/01/2024	MYOBLOC	<i>rimabotulinumtoxinb</i>	ADD UM: MED		Medical Drug
05/01/2024	PARAGARD T 380-A	<i>copper</i>	ADD UM: MED		Medical Drug
05/01/2024	KRISTALOSE	<i>lactulose</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	KRISTALOSE	<i>lactulose</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/01/2024	KRISTALOSE	<i>lactulose</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/01/2024	KRISTALOSE	<i>lactulose</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/01/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/01/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/01/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>alvimopan</i>	<i>alvimopan</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>alvimopan</i>	<i>alvimopan</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Bucket 2 Institutional and Hospital Pack
05/01/2024	EYLEA HD	<i>afibercept</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	BRIXADI	<i>buprenorphine</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 Institutional and Hospital Pack
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	DIVIGEL	<i>estradiol</i>	ADD TO FORMULARY		Preferred Brands
05/01/2024	DIVIGEL	<i>estradiol</i>	ADD TO FORMULARY		Preferred Brands
05/01/2024	DIVIGEL	<i>estradiol</i>	ADD TO FORMULARY		Preferred Brands
05/01/2024	<i>montelukast sodium</i>	<i>montelukast sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>montelukast sodium</i>	<i>montelukast sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	FLUORIMAX 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>verifine plus pen needle-sharp</i>	<i>pen needle, diabetic, remover and disposal unit</i>	CHANGE UM: DRUGCLASS	Lancets	Insulin Syringes
05/01/2024	<i>verifine plus pen needle-sharp</i>	<i>pen needle, diabetic, remover and disposal unit</i>	CHANGE UM: DRUGCLASS	Lancets	Insulin Syringes
05/01/2024	BRIUMVI	<i>ublituximab-xiyy</i>	CHANGE UM: QUANTITY	max 168 days / fill	max 18 / 180 days
05/01/2024	OCREVUS	<i>ocrelizumab</i>	CHANGE UM: QUANTITY	max 2 / 180 days	max 21 / 180 days
05/01/2024	IDACIO(CF) PEN CROHN'S-UC	<i>adalimumab-aacf</i>	CHANGE UM: QUANTITY	MAX 2 / 180 DAYS	max 3 / 180 days
05/01/2024	XDEMVI	<i>lotilaner</i>	CHANGE UM: QUANTITY	max 20 / 120 days	max 12 / 90 days
05/01/2024	IDACIO(CF) PEN PSORIASIS	<i>adalimumab-aacf</i>	CHANGE UM: QUANTITY	max 3 / 180 days	max 2 / 180 days
05/01/2024	STELARA	<i>ustekinumab</i>	CHANGE UM: QUANTITY	max 4 / 180 days	max 120 / 90 days
05/01/2024	TRUQAP	<i>capivasertib</i>	CHANGE UM: MAXQTYPERDAY	2.29 per day	2.286 per day
05/01/2024	TRUQAP	<i>capivasertib</i>	CHANGE UM: MAXQTYPERDAY	2.29 per day	2.286 per day
05/01/2024	BOSULIF	<i>bosutinib</i>	CHANGE UM: MAXQTYPERDAY	5.0 per day	3.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	CIALIS	<i>tadalafil</i>	REMOVE UM: DRUGCLASS	Sexual Dysfunction	
05/01/2024	CIALIS	<i>tadalafil</i>	REMOVE UM: DRUGCLASS	Sexual Dysfunction	
05/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUZONE HIGH-DOSE QUAD 2021-22	<i>influenza virus vaccine quadrival split 2021-22(65 yr up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLULAVAL QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUZONE HIGH-DOSE QUAD 2021-22	<i>influenza virus vaccine quadrival split 2021-22(65 yr up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	AFLURIA QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	FLUBLOK QUAD 2021-2022	<i>influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	AFLURIA QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUARIX QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUMIST QUAD 2021-2022	<i>influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUBLOK QUAD 2021-2022	<i>influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quad 2021-2022(6 month and older)cell derived/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quadriv 2021-2022(6 month and older)cell derived</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quad 2021-2022(6 month and older)cell derived/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quadriv 2021-2022(6 month and older)cell derived</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUARIX QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	AFLURIA QUAD 2021-22 (3YR UP)	<i>influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	AFLURIA QUAD 2021-22 (3YR UP)	<i>influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLULAVAL QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUAD QUAD 2021-2022	<i>influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c. 1/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUAD QUAD 2021-2022	<i>influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c. 1/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	AFLURIA QUAD 2021-22 (6-35MO)	<i>influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	AFLURIA QUAD 2021-22 (6-35MO)	<i>influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	FLUMIST QUAD 2021-2022	<i>influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	REMOVE UM: F11	Rx90 List	
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	REMOVE UM: F11	Rx90 List	
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	REMOVE UM: F11	Rx90 List	
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	REMOVE UM: F11	Rx90 List	
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	REMOVE UM: F11	Rx90 List	
05/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	REMOVE UM: F11	Rx90 List	
05/01/2024	<i>cimetidine</i>	<i>cimetidine</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>cimetidine</i>	<i>cimetidine</i>	REMOVE UM: F11	Rx90 List	
05/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: COV		Coverage Delay
05/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: COV		Coverage Delay
05/01/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD UM: COV		Coverage Delay
05/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: COV		Coverage Delay
05/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: COV		Coverage Delay
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/01/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: COV		Coverage Delay
05/01/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: COV		Coverage Delay
05/01/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: COV		Coverage Delay
05/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: COV		Coverage Delay
05/01/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: COV		Coverage Delay
05/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: COV		Coverage Delay
05/01/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: COV		Coverage Delay
05/01/2024	RINVOQ	<i>upadacitinib</i>	CHANGE UM: QUANTITY	MAX 56 / 365 DAYS	max 100 / 365 days
05/01/2024	<i>ora-sweet</i>	<i>compounding vehicle syrup no.23</i>	REMOVE UM: COV	Non FDA Approved Drugs	
05/01/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	ASPIRIN REGIMEN	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>nitrofurantoin mono-macro</i>	<i>nitrofurantoin monohydrate/macrocrystals</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>methocarbamol</i>	<i>methocarbamol</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>methocarbamol</i>	<i>methocarbamol</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>nystatin</i>	<i>nystatin</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>methocarbamol</i>	<i>methocarbamol</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>methocarbamol</i>	<i>methocarbamol</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
05/01/2024	ASPIRIN REGIMEN	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
05/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	CHANGE UM: MAXQTYPERDAY	3 per day	3.0 per day
05/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
05/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>amlodipine besylate</i>	<i>amlodipine besylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>entacapone</i>	<i>entacapone</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>methazolamide</i>	<i>methazolamide</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>progesterone</i>	<i>progesterone, micronized</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>progesterone</i>	<i>progesterone, micronized</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>lactulose</i>	<i>lactulose</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>colchicine</i>	<i>colchicine</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>clindamycin phosphate</i>	<i>clindamycin phosphate</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>progesterone</i>	<i>progesterone, micronized</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>nystatin-triamcinolone</i>	<i>nystatin/triamcinolone acetonide</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>progesterone</i>	<i>progesterone, micronized</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>clindamycin phosphate</i>	<i>clindamycin phosphate</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>colchicine</i>	<i>colchicine</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>nystatin-triamcinolone</i>	<i>nystatin/triamcinolone acetonide</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>methazolamide</i>	<i>methazolamide</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD TO FORMULARY		Generics
05/01/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>colchicine</i>	<i>colchicine</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>colchicine</i>	<i>colchicine</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>nystatin-triamcinolone</i>	<i>nystatin/triamcinolone acetonide</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>nystatin-triamcinolone</i>	<i>nystatin/triamcinolone acetonide</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame light</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame light</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame light</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: SDS		Y
05/01/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: DRUGCLASS		Isotretinoin Accutane
05/01/2024	<i>isotretinoin</i>	<i>isotretinoin</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
05/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
05/01/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: QUANTITY		max 56 days / fill
05/01/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SDS		Y
05/01/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day
05/01/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>progesterone</i>	<i>progesterone, micronized</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>entacapone</i>	<i>entacapone</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>methazolamide</i>	<i>methazolamide</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>progesterone</i>	<i>progesterone, micronized</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>progesterone</i>	<i>progesterone, micronized</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>progesterone</i>	<i>progesterone, micronized</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>methazolamide</i>	<i>methazolamide</i>	ADD UM: FI1		Rx90 List
05/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	DORYX MPC	<i>doxycycline hyclate</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	STELARA	<i>ustekinumab</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	QELBREE	<i>viloxazine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>meropenem</i>	<i>meropenem</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	MAXITROL	<i>neomycin/polymyxin b sulfate/dexamethasone</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	SITZMARKS	<i>radiopaque pvc markers/barium sulfate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>racepinephrine hcl</i>	<i>racepinephrine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>meropenem</i>	<i>meropenem</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	KALETRA	<i>lopinavir/ritonavir</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>sodium chloride</i>	<i>sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	IMVEXXY	<i>estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	ANNOVERA	<i>segesterone acetate/ethinyl estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>isopropyl alcohol</i>	<i>isopropyl alcohol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	KALETRA	<i>lopinavir/ritonavir</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>isopropyl alcohol</i>	<i>isopropyl alcohol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>cetrotorelix acetate</i>	<i>cetrotorelix acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	IMVEXXY	<i>estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>gadobutrol</i>	<i>gadobutrol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	QELBREE	<i>viloxazine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	OJEMDA	<i>tovorafenib</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	LIORESAL INTRATHECAL	<i>baclofen</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>gadobutrol</i>	<i>gadobutrol</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	LIPITOR	<i>atorvastatin calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	<i>ephedrine sulfate-0.9% nacl</i>	<i>ephedrine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	REMOVE FROM FORMULARY		Non-Formulary
05/01/2024	DORYX MPC	<i>doxycycline hyclate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: MAXQTYPERDAY		0.029 per day
05/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: PANAME		PA Applies
05/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: MAXQTYPERDAY		0.167 per day
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: DRUGCLASS		Infertility
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: PANAME		PA Applies
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: MAXQTYPERDAY		0.167 per day
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: DRUGCLASS		Infertility
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: CS		Core Specialty
05/01/2024	IMVEXXY	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.286 per day
05/01/2024	IMVEXXY	<i>estradiol</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	IMVEXXY	<i>estradiol</i>	ADD UM: FI1		Rx90 List
05/01/2024	IMVEXXY	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.643 per day
05/01/2024	IMVEXXY	<i>estradiol</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	QELBREE	<i>viloxazine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	QELBREE	<i>viloxazine hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
05/01/2024	QELBREE	<i>viloxazine hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	QELBREE	<i>viloxazine hcl</i>	ADD UM: FI1		Rx90 List
05/01/2024	QELBREE	<i>viloxazine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
05/01/2024	QELBREE	<i>viloxazine hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
05/01/2024	QELBREE	<i>viloxazine hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	QELBREE	<i>viloxazine hcl</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	<i>lubiprostone</i>	<i>lubiprostone</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/01/2024	<i>gadobutrol</i>	<i>gadobutrol</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>meropenem</i>	<i>meropenem</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>meropenem</i>	<i>meropenem</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>gadobutrol</i>	<i>gadobutrol</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>sodium chloride</i>	<i>sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>carmustine</i>	<i>carmustine</i>	ADD UM: CS		Core Specialty
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: QUANTITY		max 120 / 90 days
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: SDS		Y

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: CS		Core Specialty
05/01/2024	LIORESAL INTRATHECAL	<i>baclofen</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	LIORESAL INTRATHECAL	<i>baclofen</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
05/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
05/01/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: COV		Coverage Delay
05/01/2024	MAXITROL	<i>neomycin/polymyxin b sulfate/dexamethasone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
05/01/2024	KALETRA	<i>lopinavir/ritonavir</i>	ADD UM: MAXQTYPERDAY		4.0 per day
05/01/2024	KALETRA	<i>lopinavir/ritonavir</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
05/01/2024	KALETRA	<i>lopinavir/ritonavir</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	KALETRA	<i>lopinavir/ritonavir</i>	ADD UM: MAXQTYPERDAY		6.0 per day
05/01/2024	KALETRA	<i>lopinavir/ritonavir</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	KALETRA	<i>lopinavir/ritonavir</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	LIPITOR	<i>atorvastatin calcium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
05/01/2024	LIPITOR	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
05/01/2024	SITZMARKS	<i>radiopaque pvc markers/barium sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>racepinephrine hcl</i>	<i>racepinephrine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>isopropyl alcohol</i>	<i>isopropyl alcohol</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>isopropyl alcohol</i>	<i>isopropyl alcohol</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>ephedrine sulfate-0.9% nacl</i>	<i>ephedrine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	<i>vancomycin hcl- 0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/01/2024	ANNOVERA	<i>segesterone acetate/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
05/01/2024	ANNOVERA	<i>segesterone acetate/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
05/01/2024	ANNOVERA	<i>segesterone acetate/ethinyl estradiol</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/01/2024	ANNOVERA	<i>segesterone acetate/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/01/2024	ANNOVERA	<i>segesterone acetate/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	TLANDO	<i>testosterone undecanoate</i>	ADD TO FORMULARY		Non-Preferred Brands
05/01/2024	TLANDO	<i>testosterone undecanoate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
05/01/2024	TLANDO	<i>testosterone undecanoate</i>	ADD UM: B4		High Cost Brands and Generics
05/01/2024	TLANDO	<i>testosterone undecanoate</i>	ADD UM: PANAME		PA Applies
05/01/2024	STELARA	<i>ustekinumab</i>	ADD TO FORMULARY		Preferred Brands
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: QUANTITY		max 0.5 / 84 days
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: PANAME		PA Applies
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: SDS		Y
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: SPECIALTY		Specialty Drug
05/01/2024	STELARA	<i>ustekinumab</i>	ADD UM: CS		Core Specialty
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/01/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
05/01/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
05/01/2024	<i>botulism antitoxin heptavalent</i>	<i>botulism antitoxin heptavalent a,b,c,d,e,f,g(equine)/maltose</i>	ADD UM: DRUGCLASS		Immune Serums
05/01/2024	LIVALO	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
05/01/2024	LODOCO	<i>colchicine</i>	ADD UM: FI1		Rx90 List
05/01/2024	WEGOVY	<i>semaglutide</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: MAXQTYPERDAY		0.534 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: MAXQTYPERDAY		0.534 per day
05/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: MAXQTYPERDAY		0.534 per day
05/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: MAXQTYPERDAY		0.534 per day
05/01/2024	ARTHRITIS PAIN	<i>diclofenac sodium</i>	ADD UM: MAXQTYPERDAY		33.334 per day
05/01/2024	ALLERGY RELIEF	<i>fluticasone propionate</i>	ADD UM: MAXQTYPERDAY		0.534 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
05/01/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: MAXQTYPERDAY		15.134 per day
05/01/2024	PREPARATION H	<i>hydrocortisone</i>	ADD UM: MAXQTYPERDAY		15.134 per day
05/01/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: MAXQTYPERDAY		0.564 per day
05/01/2024	STELARA	<i>ustekinumab</i>	CHANGE UM: QUANTITY	max 120 / 90 days	max 104 per 180 days
05/01/2024	RINVOQ	<i>upadacitinib</i>	CHANGE UM: QUANTITY	max 100 / 365 days	max 85 per 365 days
05/01/2024	RINVOQ	<i>upadacitinib</i>	CHANGE UM: QUANTITY	max 85 per 365 days	max 56 / 365 days
05/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
05/01/2024	REMICADE	<i>infliximab</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
05/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
05/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>buspirone hcl</i>	<i>buspirone hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>bupirone hcl</i>	<i>bupirone hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: MAXQTYPERDAY		3.43 per day
05/03/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
05/03/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: DRUGCLASS		Weight Loss
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: DRUGCLASS		Weight Loss
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: DRUGCLASS		Weight Loss
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: DRUGCLASS		Weight Loss
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: FI1		Rx90 List
05/03/2024	<i>terazosin hcl</i>	<i>terazosin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	<i>acetic acid</i>	<i>acetic acid</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>sod sulf-potass sulf-mag sulf</i>	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>sod sulf-potass sulf-mag sulf</i>	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>zileuton er</i>	<i>zileuton</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>clarithromycin er</i>	<i>clarithromycin</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>ciprofloxacin-dexamethasone</i>	<i>ciprofloxacin hcl/dexamethasone</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Generics
05/03/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 30 / 90 days

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD UM: QUANTITY		max 30 / 90 days
05/03/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: B4		High Cost Brands and Generics
05/03/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
05/03/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: MAXQTYPERDAY		0.358 per day
05/03/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: MAXQTYPERDAY		4.0 per day
05/03/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: CS		Core Specialty
05/03/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
05/03/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
05/03/2024	<i>zileuton er</i>	<i>zileuton</i>	ADD UM: B4		High Cost Brands and Generics
05/03/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD TO FORMULARY		Preferred Brands
05/03/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD TO FORMULARY		Preferred Brands
05/03/2024	<i>droplet micron pen needle</i>	<i>pen needle, diabetic</i>	ADD TO FORMULARY		Preferred Brands
05/03/2024	<i>droplet micron pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: DRUGCLASS		Insulin Syringes
05/03/2024	<i>droplet micron pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/03/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Rx90 List
05/03/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/03/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Rx90 List
05/03/2024	FARXIGA	<i>dapagliflozin propanediol</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/03/2024	XCOPRI	<i>cenobamate</i>	ADD TO FORMULARY		Non-Preferred Brands
05/03/2024	CARDURA XL	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Non-Preferred Brands
05/03/2024	DILANTIN-125	<i>phenytoin</i>	ADD TO FORMULARY		Non-Preferred Brands
05/03/2024	CARDURA XL	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
05/03/2024	CARDURA XL	<i>doxazosin mesylate</i>	ADD UM: B4		High Cost Brands and Generics
05/03/2024	DILANTIN-125	<i>phenytoin</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
05/03/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/03/2024	<i>ramelteon</i>	<i>ramelteon</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/03/2024	<i>ramelteon</i>	<i>ramelteon</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/03/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: MAXQTYPERDAY		0.167 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: DRUGCLASS		Infertility
05/03/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>ramelteon</i>	<i>ramelteon</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/03/2024	<i>ramelteon</i>	<i>ramelteon</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/03/2024	<i>chlordiazepoxide-clidinium</i>	<i>chlordiazepoxide/clidinium bromide</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
05/03/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	<i>ephedrine sulfat</i> e	<i>ephedrine sulfat</i> e	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	MARCAINE-EPINEPHRINE	<i>bupivacaine hcl/epinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	VIBATIV	<i>telavancin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	<i>magnesium sulfate</i>	<i>magnesium sulfate in sterile water</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	<i>tobramycin sulfate</i>	<i>tobramycin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	<i>ephedrine sulfat</i> e	<i>ephedrine sulfat</i> e	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: COV		Bucket 2 General Exclusions
05/03/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: SPECIALTY		Specialty Drug
05/03/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: CS		Core Specialty
05/03/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: SPECIALTY		Specialty Drug
05/03/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: CS		Core Specialty
05/03/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: SPECIALTY		Specialty Drug
05/03/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: CS		Core Specialty
05/03/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/03/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/03/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/03/2024	<i>moxifloxacin hcl</i>	<i>moxifloxacin hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/03/2024	<i>moxifloxacin hcl</i>	<i>moxifloxacin hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/03/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/03/2024	INSPRA	<i>eplerenone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
05/03/2024	INSPRA	<i>eplerenone</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf nacl</i>	ADD UM: COV		Non FDA Approved Drugs
05/03/2024	RECEDO	<i>polydimethylsiloxanes/silicon dioxide</i>	ADD UM: COV		Non FDA Approved Drugs
05/03/2024	<i>hydromorphone hcl-nacl</i>	<i>hydromorphone hcl in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs
05/03/2024	DERMACINRX FOLIXATE	<i>cholecalciferol (vit d3)/levomefolate calcium</i>	ADD UM: COV		Non FDA Approved Drugs
05/03/2024	<i>modafinil</i>	<i>modafinil</i>	ADD UM: COV		Non FDA Approved Drugs
05/03/2024	<i>modafinil</i>	<i>modafinil</i>	ADD UM: COV		Non FDA Approved Drugs
05/03/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: COV		Non FDA Approved Drugs
05/03/2024	<i>modafinil</i>	<i>modafinil</i>	ADD UM: COV		Non FDA Approved Drugs
05/03/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: MAXQTYPERDAY		0.167 per day
05/03/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: DRUGCLASS		Infertility
05/03/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>sucralfate</i>	<i>sucralfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/03/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/03/2024	<i>sucralfate</i>	<i>sucralfate</i>	REMOVE UM: B4	High Cost Brands and Generics	
05/03/2024	<i>sucralfate</i>	<i>sucralfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/03/2024	<i>sucralfate</i>	<i>sucralfate</i>	REMOVE UM: B4	High Cost Brands and Generics	
05/03/2024	<i>adalimumab-adbm(cf)pen</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/03/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.667 per day
05/03/2024	<i>estradiol</i>	<i>estradiol</i>	REMOVE UM: COV	Coverage Delay	
05/03/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: PANAME		PA Applies
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: MAXQTYPERDAY	0.2 per day	
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: MAXQTYPERDAY	0.2 per day	
05/03/2024	DOCIVYX	<i>docetaxel</i>	REMOVE UM: SPECIALTY	Specialty Drug	
05/03/2024	DOCIVYX	<i>docetaxel</i>	REMOVE UM: CS	Core Specialty	
05/03/2024	DOCIVYX	<i>docetaxel</i>	REMOVE UM: SPECIALTY	Specialty Drug	
05/03/2024	DOCIVYX	<i>docetaxel</i>	REMOVE UM: CS	Core Specialty	
05/03/2024	DOCIVYX	<i>docetaxel</i>	REMOVE UM: SPECIALTY	Specialty Drug	
05/03/2024	DOCIVYX	<i>docetaxel</i>	REMOVE UM: CS	Core Specialty	
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
05/03/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/07/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/07/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD UM: PANAME		PA Applies
05/07/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	CHANGE UM: SPECIALTY		Specialty Drug
05/07/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD TO FORMULARY		Generics
05/07/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day
05/07/2024	<i>nystatin</i>	<i>nystatin</i>	REMOVE FROM FORMULARY	Preferred Generics	Non-Formulary
05/07/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
05/07/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/07/2024	<i>droplet lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>caresoft lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>aqua lance lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>autolet plus</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>reliamed mini lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>healthy accents autolet</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>aqua lance lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/07/2024	<i>on call plus lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>ulti-lance</i>	<i>lancing device/lancets</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>alternate site lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>on call lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>accu-chek</i>	<i>lancing device/lancets</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>truedraw</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>carelance ult lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>caresens prem lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>sureflex</i>	<i>lancing device/lancets</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	<i>microlet 2</i>	<i>lancing device/lancets</i>	ADD TO FORMULARY		Preferred Brands
05/07/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
05/07/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/07/2024	LIVALO	<i>pitavastatin calcium</i>	CHANGE UM: COV	Bucket 2 MSC O Non Covered Drugs	Bucket 2 Institutional and Hospital Pack
05/07/2024	<i>autolet plus</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>reliamed mini lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>healthy accents autolet</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/07/2024	<i>aqua lance lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>droplet lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>ulti-lance</i>	<i>lancing device/lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>on call plus lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>aqua lance lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>alternate site lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>on call lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>accu-chek</i>	<i>lancing device/lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>truedraw</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>caresoft lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>carelance ult lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>caresens prem lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>microlet 2</i>	<i>lancing device/lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	<i>sureflex</i>	<i>lancing device/lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/07/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/07/2024	DULERA	<i>mometasone furoate/formoterol fumarate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/08/2024	ANKTIVA	<i>nogapendekin alfa inbakicept-pmln</i>	ADD UM: COV		Coverage Delay
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	LIBERVANT	<i>diazepam</i>	ADD UM: COV		Coverage Delay
05/08/2024	<i>caretouch hypodermic needle</i>	<i>needles, disposable</i>	REMOVE UM: DRUGCLASS	Insulin Syringes	
05/08/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: DRUGCLASS		Insulin
05/08/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: DRUGCLASS		Insulin
05/08/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: DRUGCLASS		Insulin

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/08/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: DRUGCLASS		Insulin
05/09/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/09/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/09/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/09/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/09/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: SPECIALTY		Specialty Drug
05/09/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/09/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
05/09/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: CS		Core Specialty
05/09/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: CS		Core Specialty
05/09/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: CS		Core Specialty
05/09/2024	<i>pazopanib hcl</i>	<i>pazopanib hcl</i>	ADD UM: CS		Core Specialty
05/09/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
05/10/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/10/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: PANAME		PA Applies
05/10/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/10/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/10/2024	<i>adalimumab- adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/10/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD TO FORMULARY		Generics
05/10/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD TO FORMULARY		Generics
05/10/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD TO FORMULARY		Generics
05/10/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
05/10/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
05/10/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
05/10/2024	<i>vivaguard safety lancet</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
05/10/2024	<i>precisionglide needle</i>	<i>needles, disposable</i>	ADD TO FORMULARY		Preferred Brands
05/10/2024	<i>chosen lancing device</i>	<i>lancing device</i>	ADD TO FORMULARY		Preferred Brands
05/10/2024	<i>chosen safety lancet</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
05/10/2024	<i>chosen lancet</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
05/10/2024	<i>chosen lancet</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
05/10/2024	<i>chosen lancet</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2024	<i>chosen lancing device</i>	<i>lancing device</i>	ADD UM: DRUGCLASS		Lancets
05/10/2024	<i>chosen lancing device</i>	<i>lancing device</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/10/2024	<i>chosen safety lancet</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
05/10/2024	<i>chosen safety lancet</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/10/2024	<i>vivaguard safety lancet</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
05/10/2024	<i>vivaguard safety lancet</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/10/2024	TOLECTIN 600	<i>tolmetin sodium</i>	ADD TO FORMULARY		Non-Preferred Brands
05/10/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD TO FORMULARY		Non-Preferred Brands
05/10/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD TO FORMULARY		Non-Preferred Brands
05/10/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD TO FORMULARY		Non-Preferred Brands
05/10/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: PANAME		PA Applies
05/10/2024	INGREZZA SPRINKLE	<i>valbenazine tosylate</i>	ADD UM: PANAME		PA Applies
05/10/2024	TOLECTIN 600	<i>tolmetin sodium</i>	ADD UM: B4		High Cost Brands and Generics
05/10/2024	TOFIDENCE	<i>tocilizumab-bavi</i>	ADD UM: COV		Bucket 2 General Exclusions
05/10/2024	<i>micafungin-0.9% nacl</i>	<i>micafungin sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2024	TOFIDENCE	<i>tocilizumab-bavi</i>	ADD UM: COV		Bucket 2 General Exclusions
05/10/2024	<i>micafungin-0.9% nacl</i>	<i>micafungin sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
05/10/2024	<i>epinephrine</i>	<i>epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
05/10/2024	<i>micafungin-0.9% nacl</i>	<i>micafungin sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
05/10/2024	TOFIDENCE	<i>tocilizumab-bavi</i>	ADD UM: COV		Bucket 2 General Exclusions
05/10/2024	<i>micafungin-0.9% nacl</i>	<i>micafungin sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
05/10/2024	<i>nystatin</i>	<i>nystatin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
05/10/2024	<i>epinephrine</i>	<i>epinephrine</i>	ADD UM: COV		Non FDA Approved Drugs
05/10/2024	DIATROL	<i>multivitamin with min no.105/levomefolate calcium/vit k1</i>	ADD UM: COV		Non FDA Approved Drugs
05/10/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
05/10/2024	SILIPAC	<i>dimethicone/dimethicone crossp/trimethylsil/silicone gel pad</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
05/10/2024	<i>entacapone</i>	<i>entacapone</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/10/2024	<i>entacapone</i>	<i>entacapone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/10/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
05/10/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA APPLIES
05/10/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/10/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	CHANGE UM: PANAME		PA Applies
05/10/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/10/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	CHANGE UM: PANAME		PA Applies
05/10/2024	CYLTEZO(CF) PEN CROHN'S-UC-HS	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/10/2024	CYLTEZO(CF) PEN CROHN'S-UC-HS	<i>adalimumab-adbm</i>	CHANGE UM: PANAME		PA Applies
05/10/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/10/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	CHANGE UM: PANAME		PA Applies
05/10/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	
05/10/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	
05/10/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	
05/14/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/14/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: CS		Core Specialty
05/14/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD UM: CS		Core Specialty
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: CS		Core Specialty
05/14/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
05/14/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
05/14/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: CS		Core Specialty
05/14/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: CS		Core Specialty
05/14/2024	CYLTEZO(CF) PEN CROHN'S-UC-HS	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
05/14/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: CS		Core Specialty
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: CS		Core Specialty
05/14/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: CS		Core Specialty
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: CS		Core Specialty
05/14/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/14/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: CS		Core Specialty
05/15/2024	EOHILIA	<i>budesonide</i>	ADD UM: COV		Coverage Delay
05/15/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/15/2024	XOLREMDI	<i>mavoxifafor</i>	ADD UM: COV		Coverage Delay
05/15/2024	<i>adalimumab- adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/15/2024	XOLREMDI	<i>mavoxifafor</i>	ADD UM: COV		Coverage Delay
05/15/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/15/2024	<i>adalimumab- adbm(cf) pen ps- uv</i>	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/15/2024	<i>adalimumab- adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/15/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/15/2024	REXTOVY	<i>naloxone hcl</i>	ADD UM: COV		Coverage Delay
05/15/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	REZDIFFRA	<i>resmetirom</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	REZDIFFRA	<i>resmetirom</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	REZDIFFRA	<i>resmetirom</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/15/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	VOYDEYA	<i>danicipan</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	LENMELDY	<i>atidarsagene autotemcel</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	VOYDEYA	<i>danicipan</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: SPECIALTY		Specialty Drug
05/15/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: CS		Core Specialty
05/15/2024	REZDIFFRA	<i>resmetirom</i>	ADD UM: CS		Core Specialty
05/15/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: CS		Core Specialty
05/15/2024	REZDIFFRA	<i>resmetirom</i>	ADD UM: CS		Core Specialty
05/15/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: CS		Core Specialty
05/15/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: CS		Core Specialty
05/15/2024	REZDIFFRA	<i>resmetirom</i>	ADD UM: CS		Core Specialty
05/15/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: CS		Core Specialty
05/15/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD UM: CS		Core Specialty
05/15/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: CS		Core Specialty
05/15/2024	LENMELDY	<i>atidarsagene autotemcel</i>	ADD UM: CS		Core Specialty
05/15/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/15/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: CS		Core Specialty
05/15/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD UM: CS		Core Specialty
05/15/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: CS		Core Specialty
05/15/2024	ZYMFENTRA	<i>infliximab-dyyb</i>	ADD UM: CS		Core Specialty
05/15/2024	ZYMFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: CS		Core Specialty
05/15/2024	JESDUVROQ	<i>daprodustat</i>	ADD UM: CS		Core Specialty
05/15/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: CS		Core Specialty
05/17/2024	CYLTEZO(CF) PEN CROHN'S-UC-HS	<i>adalimumab-adbm</i>	ADD UM: QUANTITY		max 6 / 180 days
05/17/2024	CYLTEZO(CF) PEN CROHN'S-UC-HS	<i>adalimumab-adbm</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	
05/17/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	ADD UM: QUANTITY		max 6 / 180 days
05/17/2024	<i>adalimumab-adbm(cf) pen crohns</i>	<i>adalimumab-adbm</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	
05/17/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	ADD UM: QUANTITY		max 4 / 180 days
05/17/2024	<i>adalimumab-adbm(cf) pen ps-uv</i>	<i>adalimumab-adbm</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	
05/17/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	CHANGE UM: MAXQTYPERDAY		0.072 per day
05/17/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	<i>prochlorperazine maleate</i>	<i>prochlorperazine maleate</i>	ADD TO FORMULARY		Preferred Generics
05/17/2024	EMZAHH	<i>norethindrone</i>	ADD TO FORMULARY		Preferred Generics
05/17/2024	<i>buspirone hcl</i>	<i>buspirone hcl</i>	ADD TO FORMULARY		Preferred Generics
05/17/2024	EMZAHH	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
05/17/2024	EMZAHH	<i>norethindrone</i>	ADD UM: DRUGCLASS		Contraceptives
05/17/2024	EMZAHH	<i>norethindrone</i>	ADD UM: FI1		Rx90 List
05/17/2024	EMZAHH	<i>norethindrone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/17/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>liothyronine sodium</i>	<i>liothyronine sodium</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	<i>prochlorperazine maleate</i>	<i>prochlorperazine maleate</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>liothyronine sodium</i>	<i>liothyronine sodium</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine/pf</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine/pf</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>liothyronine sodium</i>	<i>liothyronine sodium</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD TO FORMULARY		Generics
05/17/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: FI1		Rx90 List
05/17/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: B4		High Cost Brands and Generics
05/17/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/17/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD TO FORMULARY		Preferred Brands
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	<i>pro comfort insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: PANAME		PA Applies
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: PANAME		PA Applies
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: PANAME		PA Applies
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: PANAME		PA Applies
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: PANAME		PA Applies
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: PANAME		PA Applies
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/17/2024	TALZENNA	<i>talazoparib tosylate</i>	ADD UM: PANAME		PA Applies
05/17/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>vasopressin</i>	<i>vasopressin</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>vasopressin</i>	<i>vasopressin</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>sodium acetate</i>	<i>sodium acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>candida albicans</i>	<i>allergenic extract-candida albicans</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>docetaxel</i>	<i>docetaxel</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>medtronic ext infusion set</i>	<i>infusion set for insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>extended reservoir</i>	<i>insulin pump syringe, 3 ml</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: COV		Bucket 2 General Exclusions
05/17/2024	<i>methadone hcl</i>	<i>methadone hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/17/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/17/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/17/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/17/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/17/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
05/17/2024	<i>methadone hcl</i>	<i>methadone hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>morphine sulfate-0.9% nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>galen iq 900</i>	<i>isomalt</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>nifedipine micronized</i>	<i>nifedipine, micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>nicotinamide adenine</i>	<i>nadide</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Non FDA Approved Drugs
05/17/2024	<i>nicotinamide adenine</i>	<i>nadide</i>	ADD UM: COV		Non FDA Approved Drugs
05/17/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	CHANGE TIER	Generics	Non-Preferred Brands
05/17/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	CHANGE TIER	Generics	Non-Preferred Brands
05/17/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: B3		All Other
05/17/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: B3		All Other
05/17/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/17/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/17/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
05/17/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
05/17/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
05/21/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/21/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: SPECIALTY		Specialty Drug
05/21/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SPECIALTY		Specialty Drug
05/21/2024	FASENRA	<i>benralizumab</i>	ADD UM: SPECIALTY		Specialty Drug
05/21/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
05/21/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: CS		Core Specialty
05/21/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: CS		Core Specialty
05/21/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: CS		Core Specialty
05/21/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
05/21/2024	FASENRA	<i>benralizumab</i>	ADD UM: CS		Core Specialty
05/21/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: SPECIALTY		Specialty Drug
05/21/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: SPECIALTY		Specialty Drug
05/22/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/22/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: COV		Coverage Delay
05/22/2024	FASENRA	<i>benralizumab</i>	ADD UM: COV		Coverage Delay
05/22/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: CS		Core Specialty
05/22/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
05/24/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/24/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/24/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: MAXQTYPERDAY		0.072 per day
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	ERRIN	<i>norethindrone</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	ERRIN	<i>norethindrone</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>amiodarone hcl</i>	<i>amiodarone hcl</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD TO FORMULARY		Preferred Generics
05/24/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>amiodarone hcl</i>	<i>amiodarone hcl</i>	ADD UM: FI1		Rx90 List
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: DRUGCLASS		Contraceptives
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: FI1		Rx90 List
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: DRUGCLASS		Contraceptives
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: FI1		Rx90 List
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	ERRIN	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>irbesartan</i>	<i>irbesartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
05/24/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>selegiline hcl</i>	<i>selegiline hcl</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>budesonide</i>	<i>budesonide</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>isosorbide dinit-hydralazine</i>	<i>isosorbide dinitrate/hydralazine hcl</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>dapsone</i>	<i>dapsone</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>valganciclovir hcl</i>	<i>valganciclovir hcl</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD TO FORMULARY		Generics
05/24/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
05/24/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: DRUGCLASS		Acne Products
05/24/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: B4		High Cost Brands and Generics
05/24/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: DRUGCLASS		Acne Products
05/24/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: B4		High Cost Brands and Generics
05/24/2024	<i>isosorbide dinit-hydralazine</i>	<i>isosorbide dinitrate/hydralazine hcl</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>isosorbide dinit-hydralazine</i>	<i>isosorbide dinitrate/hydralazine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
05/24/2024	NECON	<i>norethindrone-ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>selegiline hcl</i>	<i>selegiline hcl</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
05/24/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/24/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Preferred Brands
05/24/2024	CYLTEZO(CF) PEN	<i>adalimumab-adbm</i>	REMOVE UM: COV	Coverage Delay	
05/24/2024	CYLTEZO(CF) PEN CROHN'S-UC-HS	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	CYLTEZO(CF) PEN CROHN'S- UC-HS	<i>adalimumab-adbm</i>	REMOVE UM: COV	Coverage Delay	
05/24/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Preferred Brands
05/24/2024	CYLTEZO(CF)	<i>adalimumab-adbm</i>	REMOVE UM: COV	Coverage Delay	
05/24/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD TO FORMULARY		Preferred Brands
05/24/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	REMOVE UM: COV	Coverage Delay	
05/24/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands
05/24/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
05/24/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/24/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/24/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
05/24/2024	<i>amcinonide</i>	<i>amcinonide</i>	ADD TO FORMULARY		Non-Preferred Brands
05/24/2024	<i>amcinonide</i>	<i>amcinonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
05/24/2024	<i>amcinonide</i>	<i>amcinonide</i>	ADD UM: B4		High Cost Brands and Generics
05/24/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: B3		Ulcer Drugs, H2 Antagonists

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/24/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
05/24/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>fesoterodine fumarate er</i>	<i>fesoterodine fumarate</i>	ADD UM: FI1		Rx90 List
05/24/2024	<i>cupric chloride</i>	<i>cupric chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	<i>foscarnet sodium</i>	<i>foscarnet sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	<i>lactated ringers</i>	<i>ringer's solution,lactated</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	<i>ibutilide fumarate</i>	<i>ibutilide fumarate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	<i>cupric chloride</i>	<i>cupric chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
05/24/2024	BIORPHEN	<i>phenylephrine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	EOHILIA	<i>budesonide</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 Institutional and Hospital Pack
05/24/2024	<i>trimethoprim</i>	<i>trimethoprim</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>eflornithine hcl</i>	<i>eflornithine hcl monohydrate</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>amlexanox</i>	<i>amlexanox</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>eflornithine hcl</i>	<i>eflornithine hcl monohydrate</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>eflornithine hcl</i>	<i>eflornithine hcl monohydrate</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	SITZMARKS FOR KIDS	<i>radiopaque pvc markers/barium sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	SITZMARKS FOR KIDS	<i>radiopaque pvc markers/barium sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>minocycline hcl</i>	<i>minocycline hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	DAVIMET WITH FLUORIDE	<i>pediatric multivitamin no.247/sodium fluoride</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>amlexanox</i>	<i>amlexanox</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	DERMASO PLUS	<i>emollient combination no.122</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>eflornithine hcl</i>	<i>eflornithine hcl monohydrate</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	MENATROL	<i>calcium carb/vit d3/magnesium ox/levomefolate/vit b6/rhubarb</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>minocycline hcl</i>	<i>minocycline hcl</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs
05/24/2024	<i>naltrexone hcl micronized</i>	<i>naltrexone hcl,micronized</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2024	<i>adalimumab-adbm(cf)</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
05/24/2024	<i>adalimumab-adbm(cf) pen</i>	<i>adalimumab-adbm</i>	ADD UM: PANAME		PA Applies
05/29/2024	<i>voriconazole</i>	<i>voriconazole</i>	ADD UM: SPECIALTY		Specialty Drug
05/29/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: SPECIALTY		Specialty Drug
05/29/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
05/29/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
05/29/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: CS		Core Specialty
05/29/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: CS		Core Specialty
05/29/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	REMOVE FROM FORMULARY		Non-Formulary
05/29/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/29/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
05/29/2024	HEPZATO	<i>melphalan hcl</i>	ADD UM: COV		Coverage Delay
05/29/2024	HEPZATO	<i>melphalan hcl</i>	ADD UM: COV		Coverage Delay
05/29/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: COV		Coverage Delay
05/29/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: COV		Coverage Delay
05/29/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: COV		Coverage Delay
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Preferred Generics
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Preferred Generics
05/31/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Preferred Generics
05/31/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>voriconazole</i>	<i>voriconazole</i>	ADD TO FORMULARY		Generics
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>bepotastine besilate</i>	<i>bepotastine besilate</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>fluconazole</i>	<i>fluconazole</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>mometasone furoate</i>	<i>mometasone furoate</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>budesonide</i>	<i>budesonide</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>sod sulf-potass sulf-mag sulf</i>	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
05/31/2024	<i>bepotastine besilate</i>	<i>bepotastine besilate</i>	ADD UM: B3		All Other
05/31/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: F11		Rx90 List
05/31/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
05/31/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: F11		Rx90 List
05/31/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
05/31/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: B4		High Cost Brands and Generics
05/31/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: F11		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
05/31/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
05/31/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
05/31/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/31/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/31/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
05/31/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/31/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
05/31/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/31/2024	<i>mometasone furoate</i>	<i>mometasone furoate</i>	ADD UM: MAXQTYPERDAY		1.134 per day
05/31/2024	<i>mometasone furoate</i>	<i>mometasone furoate</i>	ADD UM: B3		Nasal Steroids
05/31/2024	<i>voriconazole</i>	<i>voriconazole</i>	ADD UM: PANAME		PA Applies
05/31/2024	<i>unifine safecontrol pen needle</i>	<i>pen needle, diabetic</i>	ADD TO FORMULARY		Preferred Brands
05/31/2024	<i>unifine safecontrol pen needle</i>	<i>pen needle, diabetic</i>	ADD TO FORMULARY		Preferred Brands
05/31/2024	<i>unifine safecontrol pen needle</i>	<i>pen needle, diabetic</i>	ADD TO FORMULARY		Preferred Brands
05/31/2024	<i>unifine safecontrol pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: DRUGCLASS		Insulin Syringes
05/31/2024	<i>unifine safecontrol pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/31/2024	<i>unifine safecontrol pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: DRUGCLASS		Insulin Syringes

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2024	<i>unifine safecontrol pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/31/2024	<i>unifine safecontrol pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: DRUGCLASS		Insulin Syringes
05/31/2024	<i>unifine safecontrol pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
05/31/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>milrinone lactate</i>	<i>milrinone lactate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	LUMISIGHT	<i>pegulicianine acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>methylprednisolone acetate</i>	<i>methylprednisolone acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
05/31/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
05/31/2024	DETROL	<i>tolterodine tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
05/31/2024	XANAX XR	<i>alprazolam</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
05/31/2024	DETROL	<i>tolterodine tartrate</i>	ADD UM: FI1		Rx90 List
05/31/2024	ALTRIXA	<i>multivitamin combination no.61/folic acid</i>	REMOVE FROM FORMULARY		Non-Formulary
05/31/2024	ALTRIXA	<i>multivitamin combination no.61/folic acid</i>	ADD UM: COV		Non FDA Approved Drugs
05/31/2024	MULTITOL-M	<i>multivitamin with minerals no.106/levomefolate calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
05/31/2024	MULTITOL-M	<i>multivitamin with minerals no.106/levomefolate calcium</i>	ADD UM: COV		Non FDA Approved Drugs
05/31/2024	<i>beta glucan</i>	<i>beta-glucan (1,3/1,6)</i>	REMOVE FROM FORMULARY		Non-Formulary
05/31/2024	<i>beta glucan</i>	<i>beta-glucan (1,3/1,6)</i>	ADD UM: COV		Non FDA Approved Drugs
05/31/2024	<i>sodium chloride</i>	<i>sodium chloride for inhalation</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2024	<i>sodium chloride</i>	<i>sodium chloride for inhalation</i>	ADD UM: COV		Non FDA Approved Drugs
05/31/2024	<i>carbomer 980</i>	<i>carbomer 980</i>	REMOVE FROM FORMULARY		Non-Formulary
05/31/2024	<i>carbomer 980</i>	<i>carbomer 980</i>	ADD UM: COV		Non FDA Approved Drugs
05/31/2024	<i>pcca custom lovo-odf</i>	<i>liquid base no.268</i>	REMOVE FROM FORMULARY		Non-Formulary
05/31/2024	<i>pcca custom lovo-odf</i>	<i>liquid base no.268</i>	ADD UM: COV		Non FDA Approved Drugs
05/31/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	REMOVE FROM FORMULARY		Non-Formulary
05/31/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	ADD UM: COV		Bucket 2 General Exclusions
05/31/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	REMOVE FROM FORMULARY		Non-Formulary
05/31/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

June, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2024	OPFOLDA	<i>miglustat</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
06/01/2024	OPFOLDA	<i>miglustat</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
06/01/2024	OPFOLDA	<i>miglustat</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
06/01/2024	OPFOLDA	<i>miglustat</i>	REMOVE UM: COV	Coverage Delay	
06/01/2024	BALFAXAR	<i>human prothrombin complex concentrate (pcc)-lans</i>	REMOVE UM: SPECIALTY	Specialty Drug	
06/01/2024	BALFAXAR	<i>human prothrombin complex concentrate (pcc)-lans</i>	REMOVE UM: SPECIALTY	Specialty Drug	
06/01/2024	IHEEZO	<i>chloroprocaine hcl/pf</i>	REMOVE UM: SPECIALTY	Specialty Drug	
06/01/2024	BALFAXAR	<i>human prothrombin complex concentrate (pcc)-lans</i>	REMOVE UM: SPECIALTY	Specialty Drug	
06/01/2024	BALFAXAR	<i>human prothrombin complex concentrate (pcc)-lans</i>	REMOVE UM: SPECIALTY	Specialty Drug	
06/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2024	<i>aimsco,condoms, durex air,durex avanti bare,durex avanti bare real feel,durex extra sensitive,durex tropical,fantasy,fc condom, female,fc2 female condom,kimono,k imono maxx,kimono microthin,kimono microthin aqua lube,kimono textured,kimono thin,reality,true cover,trustex,trustex condom,trustex latex condom,trustex-ria</i>	<i>condoms, female,condoms, latex, lubricated,condoms, latex, non-lubricated,condoms, non-latex, lubricated</i>	REMOVE UM: CUSTOM		

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2024	BECAUSE, CONCEPTROL, DELFEN CONTRACEPTIVE, EMKO, ENCARTE, GYNOL II, GYNOL II EXTRA STRENGTH, K-Y PLUS, ORTHO-GYNOL CONTRACEPTIVE, PHEXXI, TODAY CONTRACEPTIVE SPONGE, VCF	<i>lactic acid/citric acid/potassium bitartrate, nonoxynol 9, octoxynol 9</i>	REMOVE UM: CUSTOM		
06/05/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: COV		Coverage Delay
06/05/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: COV		Coverage Delay
06/05/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
06/05/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: SPECIALTY		Specialty Drug
06/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
06/05/2024	GAVRETO	<i>pralsetinib</i>	ADD UM: SPECIALTY		Specialty Drug
06/05/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
06/05/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: SPECIALTY		Specialty Drug
06/05/2024	GAVRETO	<i>pralsetinib</i>	ADD UM: SPECIALTY		Specialty Drug
06/05/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: SPECIALTY		Specialty Drug
06/05/2024	<i>hydroxyurea</i>	<i>hydroxyurea</i>	ADD UM: CS		Core Specialty
06/05/2024	GAVRETO	<i>pralsetinib</i>	ADD UM: CS		Core Specialty
06/05/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/05/2024	GAVRETO	<i>pralsetinib</i>	ADD UM: CS		Core Specialty
06/05/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: CS		Core Specialty
06/07/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: PANAME		PA Applies
06/07/2024	FIRDAPSE	<i>amifampridine phosphate</i>	CHANGE UM: MAXQTYPERDAY	8 per day	10.0 per day
06/07/2024	<i>gemfibrozil</i>	<i>gemfibrozil</i>	ADD TO FORMULARY		Preferred Generics
06/07/2024	<i>gemfibrozil</i>	<i>gemfibrozil</i>	ADD TO FORMULARY		Preferred Generics
06/07/2024	<i>gemfibrozil</i>	<i>gemfibrozil</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>gemfibrozil</i>	<i>gemfibrozil</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/07/2024	<i>gemfibrozil</i>	<i>gemfibrozil</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>gemfibrozil</i>	<i>gemfibrozil</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/07/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>hydroxyurea</i>	<i>hydroxyurea</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>darunavir</i>	<i>darunavir</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/07/2024	<i>darunavir</i>	<i>darunavir</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/07/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD UM: MAXQTYPERDAY		8.0 per day
06/07/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	ADD UM: B4		High Cost Brands and Generics
06/07/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/07/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/07/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/07/2024	GAVRETO	<i>pralsetinib</i>	ADD TO FORMULARY		Non-Preferred Brands
06/07/2024	GAVRETO	<i>pralsetinib</i>	ADD TO FORMULARY		Non-Preferred Brands
06/07/2024	GAVRETO	<i>pralsetinib</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/07/2024	GAVRETO	<i>pralsetinib</i>	ADD UM: PANAME		PA Applies
06/07/2024	GAVRETO	<i>pralsetinib</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/07/2024	GAVRETO	<i>pralsetinib</i>	ADD UM: PANAME		PA Applies
06/07/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
06/07/2024	ABRAVO	<i>emollient combination no.10</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	FOCINVEZ	<i>fosaprepitant dimeglumine</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	<i>succinylcholine chloride</i>	<i>succinylcholine chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2024	ONTRUZANT	<i>trastuzumab-dttb</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
06/07/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/07/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>betamethasone acetate-sod phos</i>	<i>betamethasone acetate/betamethasone sodium phosphate/water</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	HOMACTIN AA PLUS 15 PE	<i>nutritional therapy, metabolic disorder, methionine-free</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	<i>selenious acid</i>	<i>selenium</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	<i>selenious acid</i>	<i>selenium</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	PKU EASY MICROTAB PLUS	<i>nutritional therapy for phenylketonuria(pku) with iron no.52</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	<i>nystatin</i>	<i>nystatin</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>deflazacort</i>	<i>deflazacort</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
06/07/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
06/07/2024	FOCINVEZ	<i>fosaprepitant dimeglumine</i>	ADD UM: SPECIALTY		Specialty Drug
06/07/2024	MAXALT	<i>rizatriptan benzoate</i>	ADD UM: STEP		ST applies
06/07/2024	MAXALT MLT	<i>rizatriptan benzoate</i>	ADD UM: STEP		ST applies
06/07/2024	<i>methylprednisolone</i>	<i>methylprednisolone</i>	ADD TO FORMULARY		Preferred Generics
06/07/2024	<i>dexamethylphenidate hcl</i>	<i>dexamethylphenidate hcl</i>	ADD TO FORMULARY		Preferred Generics
06/07/2024	<i>methylprednisolone</i>	<i>methylprednisolone</i>	ADD TO FORMULARY		Preferred Generics
06/07/2024	<i>methylprednisolone</i>	<i>methylprednisolone</i>	ADD TO FORMULARY		Preferred Generics
06/07/2024	<i>methylprednisolone</i>	<i>methylprednisolone</i>	ADD TO FORMULARY		Preferred Generics
06/07/2024	<i>dexamethylphenidate hcl</i>	<i>dexamethylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/07/2024	<i>dexamethylphenidate hcl</i>	<i>dexamethylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
06/07/2024	TRIDACAINE II	<i>lidocaine</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>methylprednisolone</i>	<i>methylprednisolone</i>	ADD TO FORMULARY		Generics
06/07/2024	TRIDACAINE II	<i>lidocaine</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>dexmethylphenidate hcl</i>	<i>dexmethylphenidate hcl</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD TO FORMULARY		Generics
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
06/07/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
06/07/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD UM: B3		All Other
06/07/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
06/07/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
06/07/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
06/07/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
06/07/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
06/07/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
06/07/2024	TRIDACAINE II	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
06/07/2024	TRIDACAINE II	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
06/07/2024	TRIDACAINE II	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
06/07/2024	TRIDACAINE II	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
06/07/2024	<i>dexmethylphenidate hcl</i>	<i>dexmethylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2024	<i>dexmethylphenidate hcl</i>	<i>dexmethylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
06/07/2024	<i>clindamycin phosphate-d5w</i>	<i>clindamycin phosphate/dextrose 5 % in water</i>	REMOVE FROM FORMULARY		Non-Formulary
06/07/2024	<i>clindamycin phosphate-d5w</i>	<i>clindamycin phosphate/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	<i>clindamycin phosphate-d5w</i>	<i>clindamycin phosphate/dextrose 5 % in water</i>	REMOVE FROM FORMULARY		Non-Formulary
06/07/2024	<i>clindamycin phosphate-d5w</i>	<i>clindamycin phosphate/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	<i>clindamycin phosphate-d5w</i>	<i>clindamycin phosphate/dextrose 5 % in water</i>	REMOVE FROM FORMULARY		Non-Formulary
06/07/2024	<i>clindamycin phosphate-d5w</i>	<i>clindamycin phosphate/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
06/07/2024	MICURADERM	<i>emollient combination no.43</i>	REMOVE FROM FORMULARY		Non-Formulary
06/07/2024	MICURADERM	<i>emollient combination no.43</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	<i>epinephrine-0.9% nacl</i>	<i>epinephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
06/07/2024	<i>epinephrine-0.9% nacl</i>	<i>epinephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
06/07/2024	HEALON5 PRO	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
06/07/2024	HEALON5 PRO	<i>hyaluronate sodium</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/11/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	RINVOQ LQ	<i>upadacitinib</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	<i>maraviroc</i>	<i>maraviroc</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	<i>maraviroc</i>	<i>maraviroc</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
06/11/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
06/11/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
06/11/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: CS		Core Specialty
06/11/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: CS		Core Specialty
06/11/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: CS		Core Specialty
06/11/2024	RINVOQ LQ	<i>upadacitinib</i>	ADD UM: CS		Core Specialty
06/11/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: CS		Core Specialty
06/11/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
06/11/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
06/12/2024	RINVOQ LQ	<i>upadacitinib</i>	ADD UM: COV		Coverage Delay
06/12/2024	MYHIBBIN	<i>mycophenolate mofetil</i>	ADD UM: COV		Coverage Delay
06/12/2024	FILSUEZ	<i>birch bark extract</i>	ADD UM: CS		Core Specialty
06/12/2024	FILSUEZ	<i>birch bark extract</i>	ADD UM: SPECIALTY		Specialty Drug
06/14/2024	PARAPLATIN	<i>carboplatin</i>	ADD UM: QUANTITY		max 0.5 / 84 days

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	PARAPLATIN	<i>carboplatin</i>	ADD UM: QUANTITY	max 0.5 / 84 days	
06/14/2024	PARAPLATIN	<i>carboplatin</i>	ADD UM: QUANTITY		max 0.42 / 56 days
06/14/2024	PARAPLATIN	<i>carboplatin</i>	ADD UM: QUANTITY	max 0.42 / 56 days	
06/14/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: CS		Core Specialty
06/14/2024	VOYDEYA	<i>danicopan</i>	ADD UM: CS		Core Specialty
06/14/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: CS		Core Specialty
06/14/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: CS		Core Specialty
06/14/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: CS		Core Specialty
06/14/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: CS		Core Specialty
06/14/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: CS		Core Specialty
06/14/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: CS		Core Specialty
06/14/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: CS		Core Specialty
06/14/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: CS		Core Specialty
06/14/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: CS		Core Specialty
06/14/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: CS		Core Specialty
06/14/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: CS		Core Specialty
06/14/2024	VOYDEYA	<i>danicopan</i>	ADD UM: CS		Core Specialty
06/14/2024	ANKTIVA	<i>nogapendekin alfa inbakicept-pmln</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	HEPZATO	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
06/14/2024	HEPZATO	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
06/14/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: CS		Core Specialty
06/14/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: CS		Core Specialty
06/14/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: CS		Core Specialty
06/14/2024	ALYGLO	<i>immune globulin,gamma (igg)-stwk human</i>	ADD UM: CS		Core Specialty
06/14/2024	FASENRA	<i>benralizumab</i>	ADD UM: QUANTITY		max 56 days / fill
06/14/2024	FASENRA	<i>benralizumab</i>	ADD UM: SDS		Y
06/14/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	NORA-BE	<i>norethindrone</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		PA Applies
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		PA Applies
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		PA Applies
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		PA Applies
06/14/2024	RINVOQ LQ	<i>upadacitinib</i>	ADD UM: MAXQTYPERDAY		12.0 per day
06/14/2024	RINVOQ LQ	<i>upadacitinib</i>	ADD UM: PANAME		PA Applies
06/14/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/14/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		6.0 per day
06/14/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
06/14/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
06/14/2024	NORA-BE	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
06/14/2024	NORA-BE	<i>norethindrone</i>	ADD UM: DRUGCLASS		Contraceptives
06/14/2024	NORA-BE	<i>norethindrone</i>	ADD UM: FI1		Rx90 List
06/14/2024	NORA-BE	<i>norethindrone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
06/14/2024	NORA-BE	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>maraviroc</i>	<i>maraviroc</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>posaconazole</i>	<i>posaconazole</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>maraviroc</i>	<i>maraviroc</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>methenamine hippurate</i>	<i>methenamine hippurate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>divalproex sodium er</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>divalproex sodium er</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>divalproex sodium er</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>divalproex sodium er</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD TO FORMULARY		Generics
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: PANAME		PA Applies
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: PANAME		PA Applies
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: PANAME		PA Applies
06/14/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/14/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/14/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/14/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/14/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/14/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: B4		High Cost Brands and Generics
06/14/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/14/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: B4		High Cost Brands and Generics
06/14/2024	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
06/14/2024	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>maraviroc</i>	<i>maraviroc</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/14/2024	<i>maraviroc</i>	<i>maraviroc</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/14/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
06/14/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
06/14/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: B3		Ulcer Drugs, PPI
06/14/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List
06/14/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: B3		Ulcer Drugs, PPI
06/14/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/14/2024	<i>posaconazole</i>	<i>posaconazole</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non-Preferred Brands
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non-Preferred Brands
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non-Preferred Brands
06/14/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>cequr simplicity</i>	<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>	ADD UM: COV		Bucket 2 General Exclusions
06/14/2024	<i>caffeine citrate</i>	<i>caffeine citrate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/14/2024	PITOCIN	<i>oxytocin</i>	ADD UM: COV		Bucket 2 General Exclusions
06/14/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
06/14/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/14/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/14/2024	<i>caffeine citrate</i>	<i>caffeine citrate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/14/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
06/14/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
06/14/2024	<i>cequr simplicity</i>	<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/14/2024	NITROSTAT	<i>nitroglycerin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/14/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: COV		Non FDA Approved Drugs
06/14/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: COV		Non FDA Approved Drugs
06/14/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: COV		Non FDA Approved Drugs
06/14/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: COV		Non FDA Approved Drugs
06/14/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: COV		Non FDA Approved Drugs
06/14/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/15/2024	<i>bimatoprost,lumigan</i>	<i>bimatoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
06/15/2024	LUMIGAN	<i>bimatoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
06/15/2024	<i>latanoprost</i>	<i>latanoprost/pf</i>	ADD UM: QUANTITY		max 2.5 per 30 days
06/15/2024	VYZULTA	<i>latanoprostene bunod</i>	ADD UM: QUANTITY		max 2.5 per 30 days
06/15/2024	<i>latanoprost,xalatan</i>	<i>latanoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
06/15/2024	<i>travatan z, travoprost</i>	<i>travoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
06/15/2024	ROCKLATAN	<i>netarsudil mesylate/latanoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
06/15/2024	RHOPRESSA	<i>netarsudil mesylate</i>	ADD UM: QUANTITY		max 2.5 per 30 days
06/15/2024	BEQVEZ	<i>fidanacogene elaparvovecdzkt</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	TOFIDENCE	<i>tocilizumab-bavi</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	BEQVEZ	<i>fidanacogene elaparvovecdzkt</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	TOFIDENCE	<i>tocilizumab-bavi</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/15/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	XOLREMDI	<i>mavoxifafor</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	ANKTIVA	<i>nogapendekin alfa inbakicept-pmln</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	HEPZATO	<i>melphalan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	XOLREMDI	<i>mavoxifafor</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	HEPZATO	<i>melphalan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	TOFIDENCE	<i>tocilizumab-bavi</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: SPECIALTY		Specialty Drug
06/15/2024	DOCIVYX	<i>docetaxel</i>	ADD UM: SPECIALTY		Specialty Drug
06/18/2024	MRESVIA	<i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
06/18/2024	MRESVIA	<i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
06/18/2024	MRESVIA	<i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>	ADD UM: DRUGCLASS		Vaccine Network

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/19/2024	VIJOICE	<i>alpelisib</i>	ADD UM: SPECIALTY		Specialty Drug
06/19/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
06/19/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD UM: SPECIALTY		Specialty Drug
06/19/2024	VIJOICE	<i>alpelisib</i>	ADD UM: CS		Core Specialty
06/19/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
06/19/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD UM: CS		Core Specialty
06/19/2024	<i>carbinoxamine maleate er</i>	<i>carbinoxamine maleate</i>	ADD UM: COV		Coverage Delay
06/19/2024	IQIRVO	<i>elafibranor</i>	ADD UM: COV		Coverage Delay
06/19/2024	DUVYZAT	<i>givinostat hydrochloride</i>	ADD UM: COV		Coverage Delay
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>lidocaine hcl viscous</i>	<i>lidocaine hcl</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics
06/21/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: QPBU		HCRIRON Iron Supplements
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/21/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/21/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/21/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>prasugrel hcl</i>	<i>prasugrel hcl</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>hydroxychloroquine sulfate</i>	<i>hydroxychloroquine sulfate</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>hydroxychloroquine sulfate</i>	<i>hydroxychloroquine sulfate</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>haloperidol lactate</i>	<i>haloperidol lactate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	<i>haloperidol lactate</i>	<i>haloperidol lactate</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>prasugrel hcl</i>	<i>prasugrel hcl</i>	ADD TO FORMULARY		Generics
06/21/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD UM: B3		Non Sedating Antihistamines
06/21/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/21/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
06/21/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/21/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
06/21/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD UM: MAXQTYPERDAY		4.0 per day
06/21/2024	<i>mifepristone</i>	<i>mifepristone</i>	ADD UM: PANAME		PA Applies
06/21/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 300 / 120 days
06/21/2024	<i>prasugrel hcl</i>	<i>prasugrel hcl</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>prasugrel hcl</i>	<i>prasugrel hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	<i>prasugrel hcl</i>	<i>prasugrel hcl</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>prasugrel hcl</i>	<i>prasugrel hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	CREON	<i>lipase/protease/amylase</i>	ADD TO FORMULARY		Preferred Brands
06/21/2024	<i>durex tropical</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands
06/21/2024	CREON	<i>lipase/protease/amylase</i>	ADD TO FORMULARY		Preferred Brands
06/21/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	<i>syringe slip tip</i>	<i>syringe, disposable, 10 ml</i>	ADD TO FORMULARY		Preferred Brands
06/21/2024	CREON	<i>lipase/protease/amylase</i>	ADD UM: FI1		Rx90 List
06/21/2024	CREON	<i>lipase/protease/amylase</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
06/21/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
06/21/2024	<i>durex extra sensitive</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	<i>durex tropical</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
06/21/2024	<i>durex tropical</i>	<i>condoms, latex, lubricated</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
06/21/2024	<i>durex tropical</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	ONGENTYS	<i>opicapone</i>	ADD TO FORMULARY		Non-Preferred Brands
06/21/2024	KIONEX	<i>sodium polystyrene sulfonate/sorbitol solution</i>	ADD TO FORMULARY		Non-Preferred Brands
06/21/2024	KIONEX	<i>sodium polystyrene sulfonate/sorbitol solution</i>	ADD TO FORMULARY		Non-Preferred Brands
06/21/2024	ONGENTYS	<i>opicapone</i>	ADD TO FORMULARY		Non-Preferred Brands
06/21/2024	ONGENTYS	<i>opicapone</i>	ADD UM: FI1		Rx90 List
06/21/2024	ONGENTYS	<i>opicapone</i>	ADD UM: B4		High Cost Brands and Generics
06/21/2024	ONGENTYS	<i>opicapone</i>	ADD UM: FI1		Rx90 List
06/21/2024	ONGENTYS	<i>opicapone</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>dexmedetomidine -0.9% nacl</i>	<i>dexmedetomidine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>inpen (for novolog or fiasp)</i>	<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>inpen (for humalog)</i>	<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>inpen (for novolog or fiasp)</i>	<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>neb200 nebulizer</i>	<i>nebulizer and compressor</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>inpen (for humalog)</i>	<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>inpen (for humalog)</i>	<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>inpen (for novolog or fiasp)</i>	<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>etoposide</i>	<i>etoposide</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	<i>levofloxacin-d5w</i>	<i>levofloxacin/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>levofloxacin-d5w</i>	<i>levofloxacin/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>levofloxacin-d5w</i>	<i>levofloxacin/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>levofloxacin-d5w</i>	<i>levofloxacin/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>levofloxacin-d5w</i>	<i>levofloxacin/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>methylprednisolone sodium succ</i>	<i>methylprednisolone sodium succinate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>levofloxacin-d5w</i>	<i>levofloxacin/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
06/21/2024	<i>inpen (for humalog)</i>	<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	<i>inpen (for humalog)</i>	<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	<i>inpen (for humalog)</i>	<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	<i>inpen (for novolog or fiasp)</i>	<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	<i>inpen (for novolog or fiasp)</i>	<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	<i>inpen (for novolog or fiasp)</i>	<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.286 per day
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: FI1		Rx90 List
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.286 per day
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: FI1		Rx90 List
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.286 per day
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.286 per day
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: FI1		Rx90 List
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.286 per day
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: FI1		Rx90 List
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.286 per day
06/21/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
06/21/2024	<i>cidofovir</i>	<i>cidofovir</i>	ADD UM: COV		Non FDA Approved Drugs
06/21/2024	<i>acesulfame potassium</i>	<i>acesulfame potassium</i>	ADD UM: COV		Non FDA Approved Drugs
06/21/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
06/21/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: COV		Non FDA Approved Drugs
06/21/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
06/21/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: COV		Non FDA Approved Drugs
06/21/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: COV		Non FDA Approved Drugs
06/21/2024	<i>hyoscyamine sulfate er</i>	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
06/21/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2024	<i>hyoscyamine sulfate er</i>	<i>hyoscyamine sulfate</i>	ADD UM: FI1		Rx90 List
06/21/2024	<i>valsartan</i>	<i>valsartan</i>	CHANGE TIER	Generics	Preferred Generics
06/21/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: B4		High Cost Brands and Generics
06/21/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: B4		High Cost Brands and Generics
06/21/2024	VIJOICE	<i>alpelisib</i>	ADD TO FORMULARY		Non-Preferred Brands
06/21/2024	VIJOICE	<i>alpelisib</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/21/2024	VIJOICE	<i>alpelisib</i>	ADD UM: PANAME		PA Applies
06/21/2024	<i>etoposide</i>	<i>etoposide</i>	ADD UM: SPECIALTY		Specialty Drug
06/25/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: SPECIALTY		Specialty Drug
06/25/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug
06/25/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug
06/25/2024	<i>calcitonin-salmon</i>	<i>calcitonin, salmon, synthetic</i>	ADD UM: SPECIALTY		Specialty Drug
06/25/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: SPECIALTY		Specialty Drug
06/25/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
06/25/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium acid</i>	ADD UM: SPECIALTY		Specialty Drug
06/25/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium acid</i>	ADD UM: SPECIALTY		Specialty Drug
06/25/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty
06/25/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty
06/25/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/25/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	CHANGE UM: MAXQTYPERDAY	6.0 per day	3.0 per day
06/26/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD UM: COV		Coverage Delay
06/26/2024	<i>sitagliptin-metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: COV		Coverage Delay
06/26/2024	<i>sitagliptin-metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: COV		Coverage Delay
06/26/2024	MRESVIA	<i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>	ADD TO FORMULARY		Preferred Brands
06/26/2024	MRESVIA	<i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
06/26/2024	MRESVIA	<i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/27/2024	CAPVAXIVE	<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>	ADD TO FORMULARY		Preferred Brands
06/27/2024	CAPVAXIVE	<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
06/27/2024	CAPVAXIVE	<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
06/27/2024	CAPVAXIVE	<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>diazepam</i>	<i>diazepam</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>nystatin</i>	<i>nystatin</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>folic acid</i>	<i>folic acid</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>eszopiclone</i>	<i>eszopiclone</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>ezetimibe</i>	<i>ezetimibe</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: DRUGCLASS		Contraceptives
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: FI1		Rx90 List
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: QPBU		HCROCRX Contraceptives
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: DRUGCLASS		Contraceptives
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: FI1		Rx90 List
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
06/28/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: QUANTITY		max 6 / 30 days
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
06/28/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD TO FORMULARY		Generics
06/28/2024	TORPENZ	<i>everolimus</i>	ADD TO FORMULARY		Generics
06/28/2024	TORPENZ	<i>everolimus</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Generics
06/28/2024	TORPENZ	<i>everolimus</i>	ADD TO FORMULARY		Generics
06/28/2024	TORPENZ	<i>everolimus</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>calcitonin-salmon</i>	<i>calcitonin, salmon, synthetic</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>hydroxychloroquine sulfate</i>	<i>hydroxychloroquine sulfate</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>hydroxychloroquine sulfate</i>	<i>hydroxychloroquine sulfate</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>phenytoin</i>	<i>phenytoin</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD TO FORMULARY		Generics
06/28/2024	<i>acyclovir</i>	<i>acyclovir</i>	ADD UM: B4		High Cost Brands and Generics
06/28/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame light</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>cholestyramine light</i>	<i>cholestyramine/aspartame light</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/28/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: B4		High Cost Brands and Generics
06/28/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>febuxostat</i>	<i>febuxostat</i>	ADD UM: B4		High Cost Brands and Generics
06/28/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>phenytoin</i>	<i>phenytoin</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
06/28/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD UM: FI1		Rx90 List
06/28/2024	<i>roflumilast</i>	<i>roflumilast</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: MAXQTYPERDAY		8.0 per day
06/28/2024	<i>tetrabenazine</i>	<i>tetrabenazine</i>	ADD UM: PANAME		PA Applies
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: PANAME		PA Applies
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: PANAME		PA Applies
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: PANAME		PA Applies
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: PANAME		PA Applies
06/28/2024	<i>cupric chloride</i>	<i>cupric chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>cupric chloride</i>	<i>cupric chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>dexamethasone sodium phosphate</i>	<i>dexamethasone sodium phosphate</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	<i>dexamethasone sodium phosphate</i>	<i>dexamethasone sodium phosphate</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>midazolam hcl</i>	<i>midazolam hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>nicardipine hcl</i>	<i>nicardipine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>midazolam hcl</i>	<i>midazolam hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	<i>nicardipine hcl</i>	<i>nicardipine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
06/28/2024	TRELEGY ELLIPTA	<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenat</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
06/28/2024	TRELEGY ELLIPTA	<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenat</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/28/2024	TRELEGY ELLIPTA	<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenat</i>	ADD UM: FI1		Rx90 List
06/28/2024	TRELEGY ELLIPTA	<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenat</i>	ADD UM: PR		PREVENTIVE MEDICATION
06/28/2024	CELEBREX	<i>celecoxib</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
06/28/2024	XANAX XR	<i>alprazolam</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	UNZDOMDIOXIA ZAR	<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	LOUNZDOMDIO XIATAR	<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	<i>imiquimod</i>	<i>imiquimod</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	<i>leflunomide</i>	<i>leflunomide</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	<i>clopidogrel bisulfate</i>	<i>clopidogrel bisulfate</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	<i>ketamine hcl-nacl</i>	<i>ketamine in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	HEALON PRO	<i>hyaluronate sodium</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	<i>clopidogrel bisulfate</i>	<i>clopidogrel bisulfate</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	<i>clopidogrel bisulfate</i>	<i>clopidogrel bisulfate</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	<i>clopidogrel bisulfate</i>	<i>clopidogrel bisulfate</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	<i>ketamine hcl-nacl</i>	<i>ketamine in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs
06/28/2024	ALA-SCALP	<i>hydrocortisone</i>	CHANGE TIER	Non-Preferred Brands	Generics
06/28/2024	ALA-SCALP	<i>hydrocortisone</i>	CHANGE TIER	Non-Preferred Brands	Generics
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: CS		Core Specialty
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: CS		Core Specialty
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: CS		Core Specialty
06/28/2024	TORPENZ	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
06/28/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: MAXQTYPERDAY		3.934 per day
06/28/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: MAXQTYPERDAY		3.934 per day
06/28/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD UM: MAXQTYPERDAY		0.143 per day
06/28/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: MAXQTYPERDAY		0.143 per day
06/28/2024	<i>sitagliptin- metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/28/2024	<i>sitagliptin- metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
06/29/2024	TYENNE	<i>tocilizumab-aazg</i>	CHANGE UM: MAXQTYPERDAY	0.143 per day	0.129 per day
06/29/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	CHANGE UM: MAXQTYPERDAY	0.143 per day	0.129 per day

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Alliant Net Results Formulary 2024 Updates

July, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	AUGTYRO	<i>repotrectinib</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	CABTREO	<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	COXANTO	<i>oxaprozin</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	FRUZAQLA	<i>fruquintinib</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	FRUZAQLA	<i>fruquintinib</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	JYLAMVO	<i>methotrexate</i>	REMOVE UM: COV	Coverage Delay	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	<i>oxaprozin</i>	<i>oxaprozin</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	OZOBAX DS	<i>baclofen</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	ROZLYTREK	<i>entrectinib</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	TRUQAP	<i>capivasertib</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	TRUQAP	<i>capivasertib</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	XALKORI	<i>crizotinib</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	XALKORI	<i>crizotinib</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	XALKORI	<i>crizotinib</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	ZURZUVAE	<i>zuranolone</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	ZURZUVAE	<i>zuranolone</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	ZURZUVAE	<i>zuranolone</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	<i>adalimumab-aacf(cf) pen</i>	<i>adalimumab-aacf</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2024	AMJEVITA(CF)	<i>adalimumab-atto</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/01/2024	AUGTYRO	<i>repotrectinib</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	BIMZELX	<i>bimekizumab-bkzx</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	CABTREO	<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	CABTREO	<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>clindamycin phos-benzoyl perox</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>clindamycin phos-benzoyl perox</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>clindamycin phos-benzoyl perox</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>clindamycin phos-benzoyl perox</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>clindamycin phos-benzoyl perox</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>clindamycin phos-benzoyl perox</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>clindamycin-benzoyl peroxide</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>clindamycin phos-benzoyl perox</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>clindamycin phos-benzoyl perox</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>clindamycin-benzoyl peroxide</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	COXANTO	<i>oxaprozin</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	COXANTO	<i>oxaprozin</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	ENTYVIO PEN	<i>vedolizumab</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	EXKIVITY	<i>mobocertinib succinate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	EXKIVITY	<i>mobocertinib succinate</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
07/01/2024	FABHALTA	<i>iptacopan hcl</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD TO FORMULARY	Non-Formulary	Preferred Generics
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	FRUZAQLA	<i>fruquintinib</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	FRUZAQLA	<i>fruquintinib</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	IDOSE TR	<i>travoprost</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
07/01/2024	JESDUVROQ	<i>daprodustat</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
07/01/2024	JESDUVROQ	<i>daprodustat</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
07/01/2024	JESDUVROQ	<i>daprodustat</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
07/01/2024	JESDUVROQ	<i>daprodustat</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
07/01/2024	JESDUVROQ	<i>daprodustat</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 General Exclusions
07/01/2024	JYLAMVO	<i>methotrexate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	JYLAMVO	<i>methotrexate</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	LIKMEZ	<i>metronidazole</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	LIPOFEN	<i>fenofibrate</i>	CHANGE TIER	Preferred Brands	Non-Preferred Brands
07/01/2024	LIPOFEN	<i>fenofibrate</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	LIPOFEN	<i>fenofibrate</i>	CHANGE TIER	Preferred Brands	Non-Preferred Brands
07/01/2024	LIPOFEN	<i>fenofibrate</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	MOTPOLY XR	<i>lacosamide</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	MOTPOLY XR	<i>lacosamide</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	MOTPOLY XR	<i>lacosamide</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	<i>omnipod 5 dexg7g6 pods (gen 5)</i>	<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
07/01/2024	<i>omnipod 5 dexg7g6 intro(gen 5)</i>	<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
07/01/2024	<i>omnipod dash intro kit (gen 4)</i>	<i>insulin pump cartridge,continuous infusion,bt and controller</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
07/01/2024	<i>omnipod dash pods (gen 4)</i>	<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
07/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	<i>oxaprozin</i>	<i>oxaprozin</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	<i>oxaprozin</i>	<i>oxaprozin</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	OZOBAX DS	<i>baclofen</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	OZOBAX DS	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	OZOBAX DS	<i>baclofen</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	OZOBAX DS	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	ROZLYTREK	<i>entrectinib</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2024	ROZLYTREK	<i>entrectinib</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2024	SOTYKTU	<i>deucravacitinib</i>	ADD TO FORMULARY		Non-Preferred Brands
07/01/2024	SOTYKTU	<i>deucravacitinib</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
07/01/2024	TRUQAP	<i>capivasertib</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	TRUQAP	<i>capivasertib</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	TYRVAYA	<i>varenicline tartrate</i>	ADD TO FORMULARY		Non-Preferred Brands
07/01/2024	TYRVAYA	<i>varenicline tartrate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
07/01/2024	VELSIPITY	<i>etrasimod arginine</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	VEVYE	<i>cyclosporine</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	VOQUEZNA	<i>vonoprazan fumarate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	XALKORI	<i>crizotinib</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2024	XALKORI	<i>crizotinib</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2024	XALKORI	<i>crizotinib</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2024	XIIDRA	<i>lifitegrast</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2024	XIIDRA	<i>lifitegrast</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/01/2024	XPHOZAH	<i>tenapanor hcl</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	XPHOZAH	<i>tenapanor hcl</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	ZURZUVAE	<i>zuranolone</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2024	ZURZUVAE	<i>zuranolone</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2024	ZURZUVAE	<i>zuranolone</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	AMJEVITA(CF) AUTOINJECTOR	<i>adalimumab-atto</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/01/2024	TYMLOS	<i>abaloparatide</i>	ADD UM: CS		Core Specialty
07/01/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
07/01/2024	TYMLOS	<i>abaloparatide</i>	ADD UM: CS		Core Specialty
07/01/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: CS		Core Specialty
07/01/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
07/01/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: CS		Core Specialty
07/01/2024	XERMELO	<i>telotristat etiprate</i>	ADD UM: CS		Core Specialty
07/01/2024	ZEJULA	<i>niraparib tosylate</i>	ADD UM: CS		Core Specialty
07/01/2024	TEGSEDI	<i>inotersen sodium</i>	ADD UM: CS		Core Specialty
07/01/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
07/01/2024	TOBI PODHALER	<i>tobramycin</i>	ADD UM: CS		Core Specialty
07/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: CS		Core Specialty
07/01/2024	<i>tolvaptan</i>	<i>tolvaptan</i>	ADD UM: CS		Core Specialty
07/01/2024	DUPIXENT SYRINGE	<i>dupilumab</i>	ADD UM: CS		Core Specialty
07/01/2024	ZEJULA	<i>niraparib tosylate</i>	ADD UM: CS		Core Specialty
07/01/2024	VISTOGARD	<i>uridine triacetate</i>	ADD UM: CS		Core Specialty
07/01/2024	DUPIXENT SYRINGE	<i>dupilumab</i>	ADD UM: CS		Core Specialty
07/01/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: CS		Core Specialty
07/01/2024	ZEJULA	<i>niraparib tosylate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
07/01/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
07/01/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
07/01/2024	<i>vigabatrin</i>	<i>vigabatrin</i>	ADD UM: CS		Core Specialty
07/01/2024	VONVENDI	<i>von willebrand factor (recombinant)</i>	ADD UM: CS		Core Specialty
07/01/2024	ZEPOSIA	<i>ozanimod hydrochloride</i>	ADD UM: CS		Core Specialty
07/01/2024	TURALIO	<i>pexidartinib hydrochloride</i>	ADD UM: CS		Core Specialty
07/01/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
07/01/2024	XPOVIO	<i>selinexor</i>	ADD UM: CS		Core Specialty
07/01/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
07/01/2024	VONVENDI	<i>von willebrand factor (recombinant)</i>	ADD UM: CS		Core Specialty
07/01/2024	TRETTEN	<i>factor xiii a-subunit, recombinant</i>	ADD UM: CS		Core Specialty
07/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/01/2024	<i>omnipod 5 g6-g7 intro kt(gen5)</i>	<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>	ADD TO FORMULARY		Preferred Brands
07/01/2024	<i>omnipod 5 g6-g7 pods (gen 5)</i>	<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>	ADD TO FORMULARY		Preferred Brands
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	REMOVE FROM FORMULARY	Preferred Generics	Non-Formulary
07/01/2024	<i>glyburide micronized</i>	<i>glyburide,micronized</i>	CHANGE TIER	Preferred Generics	Non-Preferred Brands
07/01/2024	<i>glyburide micronized</i>	<i>glyburide,micronized</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
07/01/2024	<i>glyburide micronized</i>	<i>glyburide,micronized</i>	CHANGE TIER	Preferred Generics	Non-Preferred Brands
07/01/2024	<i>glyburide micronized</i>	<i>glyburide,micronized</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
07/01/2024	<i>glyburide micronized</i>	<i>glyburide,micronized</i>	CHANGE TIER	Preferred Generics	Non-Preferred Brands
07/01/2024	<i>glyburide micronized</i>	<i>glyburide,micronized</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
07/01/2024	GLUCAGON EMERGENCY KIT	<i>glucagon hcl</i>	CHANGE TIER	Preferred Brands	Non-Preferred Brands
07/01/2024	GLUCAGON EMERGENCY KIT	<i>glucagon hcl</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
07/01/2024	GLUCAGON EMERGENCY KIT	<i>glucagon</i>	CHANGE TIER	Generics	Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	GLUCAGON EMERGENCY KIT	<i>glucagon</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
07/01/2024	<i>perindopril erbumine</i>	<i>perindopril erbumine</i>	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2024	<i>perindopril erbumine</i>	<i>perindopril erbumine</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
07/01/2024	KEVEYIS	<i>dichlorphenamide</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	GLUCAGON EMERGENCY KIT	<i>glucagon hcl</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
07/01/2024	<i>omnipod 5 g6-g7 pods (gen 5)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
07/01/2024	<i>omnipod 5 g6-g7 intro kt(gen5)</i>	<i>insulin pump cart, automated dosing, bt, g6/g7 with controller</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
07/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	CHANGE TIER	Preferred Generics	Non-Preferred Brands
07/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	CHANGE TIER	Preferred Generics	Non-Preferred Brands
07/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	CHANGE TIER	Preferred Generics	Non-Preferred Brands
07/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	CHANGE TIER	Preferred Generics	Non-Preferred Brands
07/01/2024	<i>hydrocortisone-pramoxine</i>	<i>hydrocortisone acetate/pramoxine hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2024	<i>hydrocortisone butyrate</i>	<i>hydrocortisone butyrate/emollient base</i>	CHANGE TIER	Generics	Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>hydrocortisone butyrate</i>	<i>hydrocortisone butyrate/emollient base</i>	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2024	<i>valsartan</i>	<i>valsartan</i>	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2024	<i>valsartan</i>	<i>valsartan</i>	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2024	FORTEO	<i>teriparatide</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2024	FORTEO	<i>teriparatide</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	BROMSITE	<i>bromfenac sodium</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	BROMSITE	<i>bromfenac sodium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	CONDYLOX	<i>podofilox</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	CONDYLOX	<i>podofilox</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	GRALISE	<i>gabapentin</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	GRALISE	<i>gabapentin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	LEXETTE	<i>halobetasol propionate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	LEXETTE	<i>halobetasol propionate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	LEXETTE	<i>halobetasol propionate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	LEXETTE	<i>halobetasol propionate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	INDOCIN	<i>indomethacin</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	INDOCIN	<i>indomethacin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	GRALISE	<i>gabapentin</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	GRALISE	<i>gabapentin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	ACCURETIC	<i>quinapril hcl/hydrochlorothiazide</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	ACCURETIC	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	EMFLAZA	<i>deflazacort</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	EMFLAZA	<i>deflazacort</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	PENTASA	<i>mesalamine</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	PENTASA	<i>mesalamine</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	NASCOBAL	<i>cyanocobalamin (vitamin b- 12)</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	NASCOBAL	<i>cyanocobalamin (vitamin b- 12)</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	EMFLAZA	<i>deflazacort</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	KORLYM	<i>mifepristone</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	KORLYM	<i>mifepristone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	EMFLAZA	<i>deflazacort</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	EMFLAZA	<i>deflazacort</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	ALREX	<i>loteprednol etabonate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	ALREX	<i>loteprednol etabonate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	PRADAXA	<i>dabigatran etexilate mesylate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	ALREX	<i>loteprednol etabonate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	ALREX	<i>loteprednol etabonate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	KORLYM	<i>mifepristone</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	KORLYM	<i>mifepristone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	ACCURETIC	<i>quinapril hcl/hydrochlorothiazide</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	ACCURETIC	<i>quinapril hcl/hydrochlorothiazide</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: PANAME		PA Applies
07/01/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: PANAME		PA Applies
07/01/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>adalimumab-aacf(cf) pen</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		PA Applies
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: PANAME		PA Applies
07/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: STEP		ST applies
07/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: STEP		ST applies
07/01/2024	<i>sumatriptan succ-naproxen sod</i>	<i>sumatriptan succinate/naproxen sodium</i>	ADD UM: STEP		ST applies
07/01/2024	<i>sumatriptan succ-naproxen sod</i>	<i>sumatriptan succinate/naproxen sodium</i>	ADD UM: STEP		ST applies
07/01/2024	<i>sumatriptan succ-naproxen sod</i>	<i>sumatriptan succinate/naproxen sodium</i>	ADD UM: STEP		ST applies
07/01/2024	<i>sumatriptan succ-naproxen sod</i>	<i>sumatriptan succinate/naproxen sodium</i>	ADD UM: STEP		ST applies
07/01/2024	<i>sumatriptan succ-naproxen sod</i>	<i>sumatriptan succinate/naproxen sodium</i>	ADD UM: STEP		ST applies
07/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	<i>dichlorphenamide</i>	<i>dichlorphenamide</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	<i>oxandrolone</i>	<i>oxandrolone</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: STEP	ST applies	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: STEP	ST applies	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: STEP	ST applies	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: STEP	ST applies	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: STEP	ST applies	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: STEP	ST applies	
07/01/2024	COXANTO	<i>oxaprozin</i>	REMOVE UM: STEP	ST applies	

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: MAXQTYPERDAY		40.0 per day
07/01/2024	FIASP PUMPCART	<i>insulin aspart (niacinamide)/pump cartridge</i>	ADD UM: MAXQTYPERDAY		3.334 per day
07/01/2024	<i>dapagliflozin- metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2024	<i>dapagliflozin- metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: MAXQTYPERDAY		8.0 per day
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>td gold level 2 control sol</i>	<i>blood glucose calibration control solution, normal</i>	ADD UM: MAXQTYPERDAY		6.8 per day
07/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>dapagliflozin-metformin er</i>	<i>dapagliflozin propanediol/metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>dapagliflozin</i>	<i>dapagliflozin propanediol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	CAROSPIR	<i>spironolactone</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	CAROSPIR	<i>spironolactone</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	MITIGARE	<i>colchicine</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	MITIGARE	<i>colchicine</i>	REMOVE UM: B4	High Cost Brands and Generics	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	MITIGARE	<i>colchicine</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	CAROSPIR	<i>spironolactone</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: STEP		ST applies
07/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: STEP		ST applies
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: PANAME		PA Applies
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: MAXQTYPERDAY		40.0 per day
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	ENTYVIO PEN	<i>vedolizumab</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	ENTYVIO PEN	<i>vedolizumab</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: MAXQTYPERDAY	33.334 per day	
07/01/2024	<i>diclofenac sodium</i>	<i>diclofenac sodium</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>dichlorphenamide</i>	<i>dichlorphenamide</i>	REMOVE UM: MAXQTYPERDAY	4 per day	
07/01/2024	<i>podofilox</i>	<i>podofilox</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: STEP		ST applies
07/01/2024	<i>gabapentin er</i>	<i>gabapentin</i>	ADD UM: STEP		ST applies
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: B3	Ulcer Drugs, PPI	
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE UM: B3	Select Topical Acne	
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE UM: B3	Select Topical Acne	
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE UM: B3	Select Topical Acne	
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	VITAPEARL	<i>prenatal vit no.71/iron fumarate/folic acid/dha</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE UM: B3	Select Topical Acne	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	COMPLETENAT E	<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE UM: B3	Select Topical Acne	
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	VITAMEDMD ONE RX	<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE UM: B3	Select Topical Acne	
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	VITAPEARL	<i>prenatal vit no.71/iron fumarate/folic acid/dha</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	COMPLETENATE	<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	VITAMEDMD ONE RX	<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>adapalene</i>	<i>adapalene</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2024	<i>onevite ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>onevite ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/01/2024	<i>onevite ferrous sulfate</i>	<i>ferrous sulfate</i>	REMOVE UM: QPBU	HCRIRON Iron Supplements	
07/01/2024	ORMALVI	<i>dichlorphenamide</i>	REMOVE UM: PANAME	PA Applies	
07/01/2024	ORMALVI	<i>dichlorphenamide</i>	REMOVE UM: MAXQTYPERDAY	4.0 per day	
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD TO FORMULARY		Non-Preferred Brands
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: PANAME		PA Applies
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD TO FORMULARY		Non-Preferred Brands
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	ADD UM: PANAME		PA Applies
07/01/2024	OGSIVEO	<i>nirogacestat hydrobromide</i>	REMOVE UM: COV	Coverage Delay	
07/01/2024	AGAMREE	<i>vamorolone</i>	ADD UM: PANAME		PA Applies
07/01/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: PANAME		PA Applies
07/01/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: PANAME		PA Applies
07/01/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: PANAME		PA Applies
07/01/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: PANAME		PA Applies
07/01/2024	BOSULIF	<i>bosutinib</i>	ADD UM: PANAME		PA Applies
07/01/2024	BOSULIF	<i>bosutinib</i>	ADD UM: PANAME		PA Applies
07/01/2024	IWILFIN	<i>eflornithine hcl</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	WAINUA	<i>eplontersen sodium</i>	ADD UM: PANAME		PA Applies
07/01/2024	ZYMFENTRA,ZYMFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: PANAME		PA Applies
07/01/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: PANAME		PA Applies
07/01/2024	AGAMREE	<i>vamorolone</i>	ADD UM: MAXQTYPERDAY		10.0 per day
07/01/2024	AGAMREE	<i>vamorolone</i>	REMOVE UM: QUANTITY	max 90 days / fill	
07/01/2024	BOSULIF	<i>bosutinib</i>	CHANGE UM: MAXQTYPERDAY	3.0 per day	5.0 per day
07/01/2024	MOUNJARO	<i>tirzepatide</i>	ADD UM: QUANTITY		max 2 / 180 days
07/01/2024	MOUNJARO	<i>tirzepatide</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	
07/01/2024	ZAVZPRET	<i>zavegepant hcl</i>	REMOVE UM: QUANTITY	max 24 / 90 days	
07/01/2024	PYRUKYND	<i>mitapivat sulfate</i>	REMOVE UM: MAXQTYPERDAY	2 per day	
07/01/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	
07/01/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
07/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	REMOVE UM: QUANTITY	max 55 / 180 days	
07/01/2024	FARYDAK	<i>panobinostat lactate</i>	REMOVE UM: MAXQTYPERDAY	0.286 per day	
07/01/2024	FARYDAK	<i>panobinostat lactate</i>	REMOVE UM: MAXQTYPERDAY	0.286 per day	
07/01/2024	FARYDAK	<i>panobinostat lactate</i>	REMOVE UM: MAXQTYPERDAY	0.286 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>pitavastatin calcium</i>	<i>pitavastatin calcium</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	LEXETTE	<i>halobetasol propionate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	LEXETTE	<i>halobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.143 per day
07/01/2024	LEXETTE	<i>halobetasol propionate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	<i>podofilox</i>	<i>podofilox</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>podofilox</i>	<i>podofilox</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>podofilox</i>	<i>podofilox</i>	REMOVE UM: B4	High Cost Brands and Generics	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>podofilox</i>	<i>podofilox</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
07/01/2024	ABILIFY MYCITE	<i>aripiprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
07/01/2024	EXKIVITY	<i>mobocertinib succinate</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	EXKIVITY	<i>mobocertinib succinate</i>	REMOVE UM: MAXQTYPERDAY	4 per day	
07/01/2024	KEVEYIS	<i>dichlorphenamide</i>	REMOVE UM: MAXQTYPERDAY	4 per day	
07/01/2024	KEVEYIS	<i>dichlorphenamide</i>	REMOVE UM: MAXQTYPERDAY	4 per day	
07/01/2024	FARYDAK	<i>panobinostat lactate</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	FARYDAK	<i>panobinostat lactate</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	FARYDAK	<i>panobinostat lactate</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	VEVYE	<i>cyclosporine</i>	REMOVE UM: MAXQTYPERDAY	0.067 per day	
07/01/2024	CONDYLOX	<i>podofilox</i>	REMOVE UM: B4	High Cost Brands and Generics	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	LEXETTE	<i>halobetasol propionate</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	EMFLAZA	<i>deflazacort</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	INDOCIN	<i>indomethacin</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	EMFLAZA	<i>deflazacort</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	ACCURETIC	<i>quinapril hcl/hydrochlorothiazide</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	EMFLAZA	<i>deflazacort</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	EMFLAZA	<i>deflazacort</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	PENTASA	<i>mesalamine</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	ACCURETIC	<i>quinapril hcl/hydrochlorothiazide</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/01/2024	JUXTAPID	<i>lomitapide mesylate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
07/01/2024	JUXTAPID	<i>lomitapide mesylate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
07/01/2024	FARYDAK	<i>panobinostat lactate</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	FARYDAK	<i>panobinostat lactate</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	FARYDAK	<i>panobinostat lactate</i>	REMOVE UM: PANAME	PA APPLIES	
07/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: MAXQTYPERDAY		0.036 per day
07/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: MAXQTYPERDAY		0.036 per day
07/01/2024	<i>adalimumab-aaty(cf)</i>	<i>adalimumab-aaty</i>	ADD UM: PANAME		PA Applies
07/01/2024	OPILL	<i>norgestrel</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	OPILL	<i>norgestrel</i>	ADD UM: DRUGCLASS		Contraceptives
07/01/2024	OPILL	<i>norgestrel</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
07/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
07/01/2024	ABRAVO	<i>emollient combination no. 10</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	ABRAVO	<i>emollient combination no. 10</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>betamethasone acetate-sod phos</i>	<i>betamethasone acetate/betamethasone sodium phosphate/water</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>betamethasone acetate-sod phos</i>	<i>betamethasone acetate/betamethasone sodium phosphate/water</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	PKU EASY MICROTAB PLUS	<i>nutritional therapy for phenylketonuria(pku) with iron no.52</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	PKU EASY MICROTAB PLUS	<i>nutritional therapy for phenylketonuria(pku) with iron no.52</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>nystatin</i>	<i>nystatin</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>nystatin</i>	<i>nystatin</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	OBSTETRIX EC	<i>prenatal vitamins no. 12/iron,carbonyl/levomef olate calcium, prenatal vitamins no. 127/iron,carbonyl/folic acid/docusate</i>	REMOVE UM: COV	Bucket 2 General Exclusions	
07/01/2024	<i>carestart covid-19 ag home tst</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
07/01/2024	<i>carestart covid-19 ag home tst</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
07/01/2024	<i>ohc covid-19 antigen home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
07/01/2024	<i>ohc covid-19 antigen home test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
07/01/2024	<i>carestart covid-19 ag home tst</i>	<i>covid-19 antigen immunoassay test</i>	ADD TO FORMULARY		Non-Preferred Brands
07/01/2024	<i>carestart covid-19 ag home tst</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: B3		COVID Test Kits
07/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: MAXQTYPERDAY		0.072 per day
07/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: PANAME		PA Applies
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
07/01/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
07/01/2024	<i>clonidine</i>	<i>clonidine</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	<i>mycophenolic acid</i>	<i>mycophenolate sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
07/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	TULANA	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>water</i>	<i>water for injection,sterile</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>water</i>	<i>water for injection,sterile</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>isoproterenol hcl</i>	<i>isoproterenol hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>candida albicans</i>	<i>allergenic extract-candida albicans</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>candida albicans</i>	<i>allergenic extract-candida albicans</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	AGGRASTAT	<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	AGGRASTAT	<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>epinephrine convenience kit</i>	<i>epinephrine</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>epinephrine convenience kit</i>	<i>epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	AGGRASTAT	<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	AGGRASTAT	<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>epinephrine convenience kit</i>	<i>epinephrine</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>epinephrine convenience kit</i>	<i>epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate/pf</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>succinylcholine chloride</i>	<i>succinylcholine chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>succinylcholine chloride</i>	<i>succinylcholine chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	LUMISIGHT	<i>pegulicianine acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	LUMISIGHT	<i>pegulicianine acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>foscarnet sodium</i>	<i>foscarnet sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>foscarnet sodium</i>	<i>foscarnet sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>methylprednisolone sodium succ</i>	<i>methylprednisolone sodium succinate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>water</i>	<i>water for injection,sterile</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>water</i>	<i>water for injection,sterile</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: CS		Core Specialty
07/01/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	EOHILIA	<i>budesonide</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	EOHILIA	<i>budesonide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>progesterone micronized</i>	<i>progesterone, micronized</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>progesterone micronized</i>	<i>progesterone, micronized</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>oxytocin-0.9% nacl</i>	<i>oxytocin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>oxytocin-0.9% nacl</i>	<i>oxytocin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>hydrocortisone acetate</i>	<i>hydrocortisone acetate</i>	ADD TO FORMULARY		Generics
07/01/2024	AGAMREE	<i>vamorolone</i>	ADD UM: QUANTITY		max 90 days / fill
07/01/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 Institutional and Hospital Pack
07/01/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	ADD UM: QUANTITY		max 4 / 180 days
07/01/2024	CYLTEZO(CF) PEN PSORIASIS-UV	<i>adalimumab-adbm</i>	REMOVE UM: MAXQTYPERDAY	0.072 per day	
07/01/2024	COMPLETENAT E	<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	COMPLETENAT E	<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	ADD UM: B3		All Other
07/01/2024	VITAMEDMD ONE RX	<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2024	VITAMEDMD ONE RX	<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>	ADD UM: B3		All Other
07/01/2024	VITAPEARL	<i>prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	VITAPEARL	<i>prenatal vit no.71/iron fumarate/sodium feredetate/folic acid/dha</i>	ADD UM: B3		All Other
07/01/2024	CAROSPIR	<i>spironolactone</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>diethylpropion hcl er</i>	<i>diethylpropion hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate er</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>diethylpropion hcl</i>	<i>diethylpropion hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>diethylpropion hcl</i>	<i>diethylpropion hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate er</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	ALLI	<i>orlistat</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	ALLI	<i>orlistat</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	ALLI	<i>orlistat</i>	REMOVE UM: DRUGCLASS	Weight Loss	

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	ALLI	<i>orlistat</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	PLENITY	<i>carboxymethylcellulose/citric acid</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate er</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	PLENITY	<i>carboxymethylcellulose/citric acid</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	ALLI	<i>orlistat</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>diethylpropion hcl</i>	<i>diethylpropion hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	ALLI	<i>orlistat</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>benzphetamine hcl</i>	<i>benzphetamine hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	ALLI	<i>orlistat</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>benzphetamine hcl</i>	<i>benzphetamine hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>benzphetamine hcl</i>	<i>benzphetamine hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>benzphetamine hcl</i>	<i>benzphetamine hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	ALLI	<i>orlistat</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>diethylpropion hcl</i>	<i>diethylpropion hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>benzphetamine hcl</i>	<i>benzphetamine hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>diethylpropion hcl er</i>	<i>diethylpropion hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>benzphetamine hcl</i>	<i>benzphetamine hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>benzphetamine hcl</i>	<i>benzphetamine hcl</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	REMOVE UM: DRUGCLASS	Weight Loss	
07/01/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	CHANGE TIER	Non-Preferred Brands	Generics
07/01/2024	<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	CHANGE TIER	Non-Preferred Brands	Generics
07/01/2024	<i>aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>lo-dose aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>lo-dose aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>lo-dose aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	ST. JOSEPH ASPIRIN EC	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>lo-dose aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	ECOTRIN	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>lo-dose aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/01/2024	DELYLA	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	<i>kimono</i>	<i>condoms, latex, non-lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	VCF	<i>nonoxynol 9</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	TODAY CONTRACEPTIVE SPONGE	<i>nonoxynol 9</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	TODAY CONTRACEPTIVE SPONGE	<i>nonoxynol 9</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	REACT	<i>levonorgestrel</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	GYNOL II	<i>nonoxynol 9</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	NORLYROC	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	<i>kimono maxx</i>	<i>condoms, latex, non-lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>drospirenone-ethinyl estradiol</i>	<i>ethinyl estradiol/drospirenone</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	REALITY	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	ENCARE	<i>nonoxynol 9</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	AMETHYST	<i>levonorgestrel-ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	INTROVALE	<i>levonorgestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
07/01/2024	<i>easygel</i>	<i>stannous fluoride</i>	ADD UM: QPBU		HCRFS Fluoride Supplements
07/01/2024	<i>easygel</i>	<i>stannous fluoride</i>	ADD UM: QPBU		HCRFS Fluoride Supplements
07/01/2024	<i>easygel</i>	<i>stannous fluoride</i>	ADD UM: QPBU		HCRFS Fluoride Supplements
07/01/2024	<i>easygel</i>	<i>stannous fluoride</i>	ADD UM: QPBU		HCRFS Fluoride Supplements
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
07/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>lovastatin</i>	<i>lovastatin</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>lovastatin</i>	<i>lovastatin</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>lovastatin</i>	<i>lovastatin</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>lovastatin</i>	<i>lovastatin</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>lovastatin</i>	<i>lovastatin</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>lovastatin</i>	<i>lovastatin</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	STOP SMOKING AID	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	THRIVE NICOTINE	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMULIN R	<i>insulin regular, human</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	HUMALOG KWIKPEN U-200	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG KWIKPEN U-200	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG TEMPO PEN U-100	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMULIN 70/30 KWIKPEN	<i>insulin nph human isophane/insulin regular, human</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMULIN 70-30	<i>insulin nph human isophane/insulin regular, human</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	GLUCAGON EMERGENCY KIT	<i>glucagon hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG MIX 50-50	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG JUNIOR KWIKPEN	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG MIX 75-25	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMULIN N KWIKPEN	<i>insulin nph human isophane</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>vivaguard ino smart gluc meter</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	LYUMJEV KWIKPEN U-100	<i>insulin lispro-aabc</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG KWIKPEN U-100	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	HUMALOG	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	LYUMJEV KWIKPEN U-100	<i>insulin lispro-aabc</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>true metrix air glucose meter</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG TEMPO PEN U-100	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	LYUMJEV	<i>insulin lispro-aabc</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG MIX 75-25 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>easymax t1</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMULIN N KWIKPEN	<i>insulin nph human isophane</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMULIN 70-30	<i>insulin nph human isophane/insulin regular, human</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	OPILL	<i>norgestrel</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	LYUMJEV TEMPO PEN U-100	<i>insulin lispro-aabc</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>vivaguard ino glucose meter</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	HUMULIN N	<i>insulin nph human isophane</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG MIX 50-50 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG MIX 50-50 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG JUNIOR KWIKPEN	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	LYUMJEV KWIKPEN U-200	<i>insulin lispro-aabc</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	OPILL	<i>norgestrel</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG MIX 75-25 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	LYUMJEV TEMPO PEN U-100	<i>insulin lispro-aabc</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	OPILL	<i>norgestrel</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	OPILL	<i>norgestrel</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>omnipod go pods</i>	<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMALOG KWIKPEN U-100	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	LYUMJEV KWIKPEN U-200	<i>insulin lispro-aabc</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>true metrix blood glucose mtr</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMULIN R	<i>insulin regular, human</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	HUMULIN 70/30 KWIKPEN	<i>insulin nph human isophane/insulin regular, human</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>conivaptan-d5w</i>	<i>conivaptan hcl/dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	MAGTRACE	<i>ferumoxides</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>freeflex plus transfer adapter</i>	<i>transfer device, closed system</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>epinephrine bitartrate-nacl</i>	<i>epinephrine bitartrate in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	DRAX EXAMETAZIME	<i>kit for prep tc-99m/exametazime</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	BACTERIOSTAT IC WATER- OGIVRI	<i>water for inj., bacteriostatic</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>phenylephrine hcl-nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	DRAX EXAMETAZIME	<i>kit for prep tc-99m/exametazime</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>cequr simplicity</i>	<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>durlobactam (xacduro)</i>	<i>durlobactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>sulbactam (xacduro)</i>	<i>sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	RUBY-FILL	<i>rubidium rb-82 chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	TECHNESCAN PYP	<i>kit for the preparation of tc-99m/sodium pyrophosphate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>freeflex plus transfer adapter</i>	<i>transfer device, closed system</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	HYALO4 CARE	<i>hyaluronate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	HYALO4 CARE CLEAR	<i>hyaluronate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>trusteel infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>trusteel infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>autosoft 30 infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>autosoft 30 infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>tandem mobi cartridge</i>	<i>insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>tandem mobi cartridge</i>	<i>insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>autosoft xc infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>autosoft xc infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>autosoft xc infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>autosoft xc infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>tandem mobi system</i>	<i>subcutaneous insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>tandem mobi system</i>	<i>subcutaneous insulin pump</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>autosoft xc infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>autosoft xc infusion set pack</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD UM: COV		Coverage Delay
07/01/2024	TRYVIO	<i>aprocitentan</i>	ADD UM: COV		Coverage Delay
07/01/2024	HEPZATO	<i>melphalan hcl</i>	ADD UM: COV		Coverage Delay
07/01/2024	HEPZATO	<i>melphalan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	<i>nano-check covid-19 ag test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	REVIVASIL	<i>gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit e</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>nano-check covid-19 ag test</i>	<i>covid-19 antigen immunoassay test</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: DRUGCLASS		Blood/Blood Products
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: PANAME		PA Applies
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: CS		Core Specialty
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: DRUGCLASS		Blood/Blood Products
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: PANAME		PA Applies
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: CS		Core Specialty
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: DRUGCLASS		Blood/Blood Products
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: PANAME		PA Applies
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: CS		Core Specialty
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: DRUGCLASS		Blood/Blood Products
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: PANAME		PA Applies
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: CS		Core Specialty
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: DRUGCLASS		Blood/Blood Products
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: PANAME		PA Applies
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD UM: CS		Core Specialty
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD TO FORMULARY		Preferred Brands
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD TO FORMULARY		Preferred Brands
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD TO FORMULARY		Preferred Brands
07/01/2024	RIXUBIS	<i>factor ix human recombinant</i>	ADD TO FORMULARY		Preferred Brands
07/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: CS		Core Specialty
07/01/2024	<i>prenatal vitamin plus low iron</i>	<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>meclizine hcl</i>	<i>meclizine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>meclizine hcl</i>	<i>meclizine hcl</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>prenatal vitamin plus low iron</i>	<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>	REMOVE UM: B3	All Other	
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: B4		High Cost Brands and Generics
07/01/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>calcium gluconate</i>	<i>calcium gluconate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>neostigmine methylsulfate</i>	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>tc 99m sulfur colloid prep</i>	<i>kit for prep tc 99m/sodium thiosulfate</i>	REMOVE FROM FORMULARY		Non-Formulary
07/01/2024	<i>tc 99m sulfur colloid prep</i>	<i>kit for prep tc 99m/sodium thiosulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>cholestyramine resin</i>	<i>cholestyramine</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>labetalol hcl</i>	<i>labetalol hcl</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>cholestyramine resin</i>	<i>cholestyramine</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>morphine sulfate-nacl</i>	<i>morphine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>cholestyramine resin</i>	<i>cholestyramine</i>	ADD UM: COV		Non FDA Approved Drugs
07/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: DRUGCLASS		Acne Products
07/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: DRUGCLASS		Acne Products
07/01/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD TO FORMULARY		Preferred Brands
07/01/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD TO FORMULARY		Preferred Brands
07/01/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2024	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD UM: SPECIALTY		Specialty Drug
07/01/2024	<i>methylphenidate hcl</i>	<i>methylphenidate hcl</i>	CHANGE UM: MAXQTYPERDAY	6 per day	3.0 per day
07/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
07/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
07/01/2024	BROVANA	<i>arformoterol tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	BROVANA	<i>arformoterol tartrate</i>	ADD UM: FI1		Rx90 List
07/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: PANAME		PA Required for those 40 and older
07/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: PANAME		PA Required for those 40 and older
07/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/01/2024	CAROSPIR	<i>spironolactone</i>	REMOVE UM: B4	High Cost Brands and Generics	
07/02/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	CAMPTOSAR	<i>irinotecan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/02/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	SCSEMBLIX	<i>asciminib hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
07/02/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: CS		Core Specialty
07/02/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
07/02/2024	SCSEMBLIX	<i>asciminib hydrochloride</i>	ADD UM: CS		Core Specialty
07/02/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: CS		Core Specialty
07/02/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: CS		Core Specialty
07/02/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
07/02/2024	<i>hydroxyurea</i>	<i>hydroxyurea</i>	ADD UM: CS		Core Specialty
07/02/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: CS		Core Specialty
07/02/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: CS		Core Specialty
07/03/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/03/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: COV		Coverage Delay
07/03/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: COV		Coverage Delay
07/03/2024	DUVYZAT	<i>givinostat hydrochloride</i>	ADD UM: COV		Coverage Delay
07/05/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>alfuzosin hcl er</i>	<i>alfuzosin hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>hydrochlorothiazide</i>	<i>hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ibuprofen</i>	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	PREVIFEM	<i>norgestimate-ethinyl estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>aspirin</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>hydrochlorothiazide</i>	<i>hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>losartan-hydrochlorothiazide</i>	<i>losartan potassium/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>losartan-hydrochlorothiazide</i>	<i>losartan potassium/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>sodium fluoride-potassium nitr</i>	<i>sodium fluoride/potassium nitrate</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>aspirin</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	PREVIFEM	<i>norgestimate-ethinyl estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>rizatriptan</i>	<i>rizatriptan benzoate</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>losartan-hydrochlorothiazide</i>	<i>losartan potassium/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
07/05/2024	<i>alfuzosin hcl er</i>	<i>alfuzosin hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>clopidogrel</i>	<i>clopidogrel bisulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>aspirin</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
07/05/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/05/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>sodium fluoride-potassium nitr</i>	<i>sodium fluoride/potassium nitrate</i>	ADD UM: QPBU		HCRFS Fluoride Supplements

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>sodium fluoride-potassium nitr</i>	<i>sodium fluoride/potassium nitrate</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: Up to 16 years
07/05/2024	<i>sodium fluoride-potassium nitr</i>	<i>sodium fluoride/potassium nitrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>erythromycin</i>	<i>erythromycin base in ethanol</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>thiothixene</i>	<i>thiothixene</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	ADD TO FORMULARY		Generics
07/05/2024	NOLIX	<i>flurandrenolide</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>cefprozil</i>	<i>cefprozil</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>carbidopa-levodopa-entacapone</i>	<i>carbidopa/levodopa/entacapone</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>thiothixene</i>	<i>thiothixene</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>ethosuximide</i>	<i>ethosuximide</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>thiothixene</i>	<i>thiothixene</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>divalproex sodium er</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>thiothixene</i>	<i>thiothixene</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>brompheniramine -pseudoephed- dm</i>	<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>amitriptyline hcl</i>	<i>amitriptyline hcl</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>dextroamphetamine-amphetamine</i>	<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>erythromycin</i>	<i>erythromycin base in ethanol</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>enoxaparin sodium</i>	<i>enoxaparin sodium</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
07/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: PANAME		PA Applies
07/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/05/2024	<i>ambrisentan</i>	<i>ambrisentan</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.143 per day
07/05/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.143 per day
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/05/2024	<i>sevelamer carbonate</i>	<i>sevelamer carbonate</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
07/05/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUZONE HIGH-DOSE QUAD 2021-22	<i>influenza virus vaccine quadrival split 2021-22(65 yr up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	SOLTAMOX	<i>tamoxifen citrate</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLULAVAL QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUZONE HIGH-DOSE QUAD 2021-22	<i>influenza virus vaccine quadrival split 2021-22(65 yr up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	AFLURIA QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUBLOK QUAD 2021-2022	<i>influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	AFLURIA QUAD 2021-2022	<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUARIX QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUBLOK QUAD 2021-2022	<i>influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quad 2021-2022(6 month and older)cell derived/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quadriv 2021-2022(6 month and older)cell derived</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quad 2021-2022(6 month and older)cell derived/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUCELVAX QUAD 2021-2022	<i>flu vaccine quadriv 2021-2022(6 month and older)cell derived</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUARIX QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	AFLURIA QUAD 2021-22 (3YR UP)	<i>influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	AFLURIA QUAD 2021-22 (3YR UP)	<i>influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLULAVAL QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUAD QUAD 2021-2022	<i>influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c. 1/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUAD QUAD 2021-2022	<i>influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c. 1/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	FLUZONE QUAD 2021-2022	<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>true comfort pro pen needle</i>	<i>pen needle, diabetic</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	AFLURIA QUAD 2021-22 (6-35MO)	<i>influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	AFLURIA QUAD 2021-22 (6-35MO)	<i>influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/05/2024	<i>true comfort pro pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: DRUGCLASS		Insulin Syringes
07/05/2024	<i>true comfort pro pen needle</i>	<i>pen needle, diabetic</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	SCSEMBLIX	<i>asciminib hydrochloride</i>	ADD TO FORMULARY		Non-Preferred Brands
07/05/2024	KLISYRI	<i>tirbanibulin</i>	ADD TO FORMULARY		Non-Preferred Brands
07/05/2024	TOSYMRA	<i>sumatriptan</i>	ADD TO FORMULARY		Non-Preferred Brands
07/05/2024	AUGMENTIN	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Non-Preferred Brands
07/05/2024	TOSYMRA	<i>sumatriptan</i>	ADD TO FORMULARY		Non-Preferred Brands
07/05/2024	SCSEMBLIX	<i>asciminib hydrochloride</i>	ADD UM: PANAME		PA Applies
07/05/2024	NUMBRINO	<i>cocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	CAMPTOSAR	<i>irinotecan hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	VYXEOS	<i>daunorubicin/cytarabine liposomal</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>sodium phosphate</i>	<i>sodium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>prochlorperazine edisylate</i>	<i>prochlorperazine edisylate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>levoleucovorin calcium</i>	<i>levoleucovorin calcium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>prochlorperazine edisylate</i>	<i>prochlorperazine edisylate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	CUBICIN	<i>daptomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>propofol</i>	<i>propofol</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	RYTELO	<i>imetelstat sodium</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	RYTELO	<i>imetelstat sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>sodium chloride</i>	<i>sodium chloride irrigating solution</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: COV		Bucket 2 General Exclusions
07/05/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/05/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/05/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/05/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/05/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
07/05/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
07/05/2024	BROVANA	<i>arformoterol tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/05/2024	BROVANA	<i>arformoterol tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/05/2024	VESICARE	<i>solifenacin succinate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/05/2024	BROVANA	<i>arformoterol tartrate</i>	ADD UM: FI1		Rx90 List
07/05/2024	BROVANA	<i>arformoterol tartrate</i>	ADD UM: FI1		Rx90 List
07/05/2024	ESTRATEST F.S.	<i>estrogens, esterified/methylt estosterone</i>	ADD UM: COV		Non FDA Approved Drugs
07/05/2024	<i>contour plus test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: COV		Non FDA Approved Drugs
07/05/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Non FDA Approved Drugs
07/05/2024	<i>contour plus test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: MAXQTYPERDAY		6.8 per day
07/05/2024	<i>contour plus test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
07/05/2024	<i>contour plus test strip</i>	<i>blood sugar diagnostic strip</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/05/2024	KIONEX	<i>sodium polystyrene sulfonate/sorbitol solution</i>	CHANGE TIER	Non-Preferred Brands	Generics
07/05/2024	KIONEX	<i>sodium polystyrene sulfonate/sorbitol solution</i>	CHANGE TIER	Non-Preferred Brands	Generics
07/05/2024	SPS	<i>sodium polystyrene sulfonate/sorbitol solution</i>	CHANGE TIER	Non-Preferred Brands	Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2024	SPS	<i>sodium polystyrene sulfonate/sorbitol solution</i>	CHANGE TIER	Non-Preferred Brands	Generics
07/05/2024	SPS	<i>sodium polystyrene sulfonate/sorbitol solution</i>	CHANGE TIER	Non-Preferred Brands	Generics
07/05/2024	SCEMBLIX	<i>asciminib hydrochloride</i>	ADD UM: MAXQTYPERDAY		4.0 per day
07/08/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: MAXQTYPERDAY		0.143 per day
07/08/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: PANAME		PA Applies
07/08/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: MAXQTYPERDAY		0.143 per day
07/08/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: PANAME		PA Applies
07/08/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: MAXQTYPERDAY		0.3 per day
07/08/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: PANAME		PA Applies
07/08/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: MAXQTYPERDAY		0.3 per day
07/08/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: PANAME		PA Applies
07/08/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: MAXQTYPERDAY		0.3 per day
07/08/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: PANAME		PA Applies
07/08/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD UM: MAXQTYPERDAY		0.034 per day
07/09/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/09/2024	XURIDEN	<i>uridine triacetate</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	<i>adalimumab-fkjp(cf) pen</i>	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	XURIDEN	<i>uridine triacetate</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	ADD UM: SPECIALTY		Specialty Drug
07/09/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
07/09/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: CS		Core Specialty
07/09/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: CS		Core Specialty
07/09/2024	XURIDEN	<i>uridine triacetate</i>	ADD UM: CS		Core Specialty
07/09/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	ADD UM: CS		Core Specialty
07/09/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	ADD UM: CS		Core Specialty
07/09/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
07/09/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	ADD UM: CS		Core Specialty
07/09/2024	<i>adalimumab-fkjp(cf) pen</i>	<i>adalimumab-fkjp</i>	ADD UM: CS		Core Specialty
07/09/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: CS		Core Specialty
07/09/2024	XURIDEN	<i>uridine triacetate</i>	ADD UM: CS		Core Specialty
07/09/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
07/09/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/10/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: COV		Coverage Delay
07/10/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: COV		Coverage Delay
07/10/2024	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: COV		Coverage Delay
07/10/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	ADD UM: COV		Coverage Delay
07/10/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: COV		Coverage Delay
07/10/2024	<i>adalimumab-fkjp(cf) pen</i>	<i>adalimumab-fkjp</i>	ADD UM: COV		Coverage Delay
07/10/2024	SOFDRA	<i>sofipironium bromide</i>	ADD UM: COV		Coverage Delay
07/10/2024	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: COV		Coverage Delay
07/11/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: FI1		Rx90 List
07/11/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: FI1		Rx90 List
07/12/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: PANAME		PA Applies
07/12/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: PANAME		PA Applies
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Preferred Generics
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
07/12/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>testosterone</i>	<i>testosterone</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>azathioprine</i>	<i>azathioprine</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	ADD TO FORMULARY	Non-Formulary	Generics
07/12/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
07/12/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: PANAME		PA Applies
07/12/2024	<i>azathioprine</i>	<i>azathioprine</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/12/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/12/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: B4		High Cost Brands and Generics
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
07/12/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: B4		High Cost Brands and Generics
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: B4		High Cost Brands and Generics
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>telmisartan-hydrochlorothiazide</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: B4		High Cost Brands and Generics
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: B4		High Cost Brands and Generics
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: B4		High Cost Brands and Generics
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: B4		High Cost Brands and Generics
07/12/2024	<i>telmisartan-hydrochlorothiazid</i>	<i>telmisartan/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>testosterone</i>	<i>testosterone</i>	ADD UM: MAXQTYPERDAY		5.0 per day
07/12/2024	<i>testosterone</i>	<i>testosterone</i>	ADD UM: PANAME		PA Applies
07/12/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
07/12/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Preferred Brands
07/12/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Preferred Brands
07/12/2024	ENTRESTO SPRINKLE	<i>sacubitril/valsartan</i>	ADD TO FORMULARY		Preferred Brands
07/12/2024	ENTRESTO SPRINKLE	<i>sacubitril/valsartan</i>	ADD TO FORMULARY		Preferred Brands
07/12/2024	ENTRESTO SPRINKLE	<i>sacubitril/valsartan</i>	ADD UM: FI1		Rx90 List
07/12/2024	ENTRESTO SPRINKLE	<i>sacubitril/valsartan</i>	ADD UM: FI1		Rx90 List
07/12/2024	XURIDEN	<i>uridine triacetate</i>	ADD TO FORMULARY		Non-Preferred Brands
07/12/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD TO FORMULARY		Non-Preferred Brands
07/12/2024	XURIDEN	<i>uridine triacetate</i>	ADD TO FORMULARY		Non-Preferred Brands
07/12/2024	VIJOICE	<i>alpelisib</i>	ADD TO FORMULARY		Non-Preferred Brands
07/12/2024	KLISYRI	<i>tirbanibulin</i>	ADD TO FORMULARY		Non-Preferred Brands
07/12/2024	VIJOICE	<i>alpelisib</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/12/2024	VIJOICE	<i>alpelisib</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	XURIDEN	<i>uridine triacetate</i>	ADD UM: B4		High Cost Brands and Generics
07/12/2024	XURIDEN	<i>uridine triacetate</i>	ADD UM: B4		High Cost Brands and Generics
07/12/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	RYSTIGGO	<i>rozanolixizumab-noli</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>bivalirudin</i>	<i>bivalirudin</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>bivalirudin</i>	<i>bivalirudin</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>posaconazole</i>	<i>posaconazole</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/12/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/12/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/12/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.286 per day
07/12/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		0.286 per day
07/12/2024	VIVELLE-DOT	<i>estradiol</i>	ADD UM: FI1		Rx90 List
07/12/2024	BREEZA NEUTRAL AB-PELVIC IMAGE	<i>sorbitol/mannitol/xanthan gum</i>	ADD UM: COV		Non FDA Approved Drugs
07/12/2024	<i>melatonin</i>	<i>melatonin</i>	ADD UM: COV		Non FDA Approved Drugs
07/12/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Non FDA Approved Drugs
07/12/2024	<i>ursodiol</i>	<i>ursodiol</i>	ADD UM: COV		Non FDA Approved Drugs
07/12/2024	<i>thiamine hcl-0.9% nacl</i>	<i>thiamine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
07/12/2024	<i>acyclovir sodium-0.9% nacl</i>	<i>acyclovir sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
07/12/2024	<i>labetalol hcl</i>	<i>labetalol hcl</i>	ADD UM: COV		Non FDA Approved Drugs
07/12/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
07/12/2024	<i>epinephrine</i>	<i>epinephrine</i>	ADD UM: COV		Non FDA Approved Drugs
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
07/12/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty
07/12/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: SPECIALTY		Specialty Drug
07/12/2024	VIJOICE	<i>alpelisib</i>	ADD UM: CS		Core Specialty
07/12/2024	VIJOICE	<i>alpelisib</i>	ADD UM: SPECIALTY		Specialty Drug
07/12/2024	<i>testosterone</i>	<i>testosterone</i>	ADD TO FORMULARY		Generics
07/12/2024	<i>testosterone</i>	<i>testosterone</i>	ADD UM: MAXQTYPERDAY		10.0 per day
07/12/2024	<i>testosterone</i>	<i>testosterone</i>	ADD UM: PANAME		PA Applies
07/12/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	ADD TO FORMULARY		Generics
07/16/2024	RYTELO	<i>imetelstat sodium</i>	ADD UM: SPECIALTY		Specialty Drug
07/16/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD UM: SPECIALTY		Specialty Drug
07/16/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	ADD UM: SPECIALTY		Specialty Drug
07/16/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	ADD UM: SPECIALTY		Specialty Drug
07/16/2024	DUVYZAT	<i>givinostat hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
07/16/2024	DUVYZAT	<i>givinostat hydrochloride</i>	ADD UM: SPECIALTY		Specialty Drug
07/16/2024	RYTELO	<i>imetelstat sodium</i>	ADD UM: SPECIALTY		Specialty Drug
07/16/2024	MYHIBBIN	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
07/16/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: CS		Core Specialty
07/16/2024	TOFIDENCE	<i>tocilizumab-bavi</i>	ADD UM: CS		Core Specialty
07/16/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: CS		Core Specialty
07/16/2024	<i>adalimumab-ryvk(cf) autoinject</i>	<i>adalimumab-ryvk</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/16/2024	TOFIDENCE	<i>tocilizumab-bavi</i>	ADD UM: CS		Core Specialty
07/16/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: CS		Core Specialty
07/16/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: CS		Core Specialty
07/16/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: CS		Core Specialty
07/16/2024	XOLREMDI	<i>mavorixafor</i>	ADD UM: CS		Core Specialty
07/16/2024	XOLREMDI	<i>mavorixafor</i>	ADD UM: CS		Core Specialty
07/16/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: CS		Core Specialty
07/16/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: CS		Core Specialty
07/16/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: CS		Core Specialty
07/16/2024	OPSYNVI	<i>macitentan/tadalafil</i>	ADD UM: CS		Core Specialty
07/16/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: CS		Core Specialty
07/16/2024	TOFIDENCE	<i>tocilizumab-bavi</i>	ADD UM: CS		Core Specialty
07/16/2024	EYLEA	<i>aflibercept</i>	ADD UM: QUANTITY		max 56 days / fill
07/16/2024	EYLEA	<i>aflibercept</i>	ADD UM: QUANTITY		max 56 days / fill
07/16/2024	EYLEA	<i>aflibercept</i>	ADD UM: QUANTITY		max 56 days / fill
07/16/2024	EYLEA	<i>aflibercept</i>	ADD UM: QUANTITY		max 56 days / fill
07/16/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: QUANTITY		max 112 days / fill
07/16/2024	EYLEA	<i>aflibercept</i>	ADD UM: SDS		Y
07/16/2024	EYLEA	<i>aflibercept</i>	ADD UM: SDS		Y
07/16/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: SDS		Y
07/16/2024	EYLEA	<i>aflibercept</i>	ADD UM: SDS		Y
07/16/2024	EYLEA	<i>aflibercept</i>	ADD UM: SDS		Y
07/16/2024	SOFDRA	<i>sofipironium bromide</i>	ADD UM: MAXQTYPERDAY		1.34 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/16/2024	SOFDRA	<i>sofipironium bromide</i>	ADD UM: PANAME		PA Applies
07/16/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: QUANTITY		max 112 days / fill
07/16/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: QUANTITY		max 112 days / fill
07/16/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: QUANTITY		max 112 days / fill
07/16/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: SDS		Y
07/16/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: SDS		Y
07/16/2024	EYLEA HD	<i>aflibercept</i>	ADD UM: SDS		Y
07/17/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: COV		Coverage Delay
07/17/2024	ZORYVE	<i>roflumilast</i>	ADD UM: COV		Coverage Delay
07/17/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: COV		Coverage Delay
07/17/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/17/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
07/17/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: CS		Core Specialty
07/17/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty
07/17/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: CS		Core Specialty
07/17/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	ADD UM: CS		Core Specialty
07/17/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty
07/17/2024	<i>paclitaxel protein-bound</i>	<i>paclitaxel protein-bound</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	<i>paclitaxel protein-bound</i>	<i>paclitaxel protein-bound</i>	ADD UM: CS		Core Specialty
07/17/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	ADD UM: SPECIALTY		Specialty Drug
07/17/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	ADD UM: CS		Core Specialty
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	GENERLAC	<i>lactulose</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	<i>methotrexate</i>	<i>methotrexate sodium</i>	ADD TO FORMULARY		Preferred Generics
07/19/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		12.0 per day
07/19/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		12.0 per day
07/19/2024	GENERLAC	<i>lactulose</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>naproxen</i>	<i>naproxen</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>megestrol acetate</i>	<i>megestrol acetate</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>naproxen</i>	<i>naproxen</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>disulfiram</i>	<i>disulfiram</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>propylthiouracil</i>	<i>propylthiouracil</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Generics
07/19/2024	TRIDACAINE III	<i>lidocaine</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>megestrol acetate</i>	<i>megestrol acetate</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD TO FORMULARY		Generics
07/19/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		6.0 per day
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: B4		High Cost Brands and Generics
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: B4		High Cost Brands and Generics
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: B4		High Cost Brands and Generics
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>carvedilol er</i>	<i>carvedilol phosphate</i>	ADD UM: B4		High Cost Brands and Generics
07/19/2024	<i>disulfiram</i>	<i>disulfiram</i>	ADD UM: DRUGCLASS		Alcohol Deterrents
07/19/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>guanfacine hcl</i>	<i>guanfacine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	<i>naproxen</i>	<i>naproxen</i>	ADD UM: B4		High Cost Brands and Generics
07/19/2024	<i>naproxen</i>	<i>naproxen</i>	ADD UM: B4		High Cost Brands and Generics
07/19/2024	TRIDACAINE III	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
07/19/2024	TRIDACAINE III	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
07/19/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c. 1/pf</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trivalent split 2024-25 (36 mos up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c. 1/pf</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/19/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	AFLURIA TRIVALENT 2024-25	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	AFLURIA TRIV 2024-25 (3YR UP)	<i>influenza virus vaccine trival split 2024-25 (36 mos up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c.1/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c.1/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c.1/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c. 1/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c. 1/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	FLUAD TRIVALENT 2024-2025	<i>influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c. 1/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine triv 2024-2025(6 month and older)cell derived</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	FLUCELVAX TRIVALENT 2024-2025	<i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/19/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/19/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD TO FORMULARY		Non-Preferred Brands
07/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non-Preferred Brands
07/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD TO FORMULARY		Non-Preferred Brands
07/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD TO FORMULARY		Non-Preferred Brands
07/19/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	ADD TO FORMULARY		Non-Preferred Brands
07/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: PANAME		PA Applies
07/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: PANAME		PA Applies
07/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: PANAME		PA Applies
07/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: PANAME		PA Applies
07/19/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	ADD UM: QUANTITY		max 28 / 180 days
07/19/2024	AUSTEDO XR TITRATION KT(WK1-4)	<i>deutetrabenazine</i>	ADD UM: PANAME		PA Applies
07/19/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/19/2024	AUSTEDO XR	<i>deutetrabenazine</i>	ADD UM: PANAME		PA Applies
07/19/2024	<i>cyclosporine</i>	<i>cyclosporine</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/19/2024	<i>cyclosporine</i>	<i>cyclosporine</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/19/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/19/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/19/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/19/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/19/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/19/2024	<i>cyclosporine</i>	<i>cyclosporine</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>cyclosporine</i>	<i>cyclosporine</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>potassium phosphate</i>	<i>potassium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	ELFABRIO	<i>pegunigalsidase alfa-iwxj</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>acyclovir sodium</i>	<i>acyclovir sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>potassium phosphate</i>	<i>potassium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	KISUNLA	<i>donanemab-azbt</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>potassium phosphate</i>	<i>potassium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>paclitaxel protein-bound</i>	<i>paclitaxel protein-bound</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>diltiazem hcl</i>	<i>diltiazem hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>potassium phosphate</i>	<i>potassium phosphate, monobasic-dibasic</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	TAZICEF	<i>ceftazidime</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>melphalan hcl</i>	<i>melphalan hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>cefazolin sodium</i>	<i>cefazolin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>cefazolin sodium</i>	<i>cefazolin sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
07/19/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/19/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
07/19/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
07/19/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
07/19/2024	LYRICA CR	<i>pregabalin</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/19/2024	LYRICA CR	<i>pregabalin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/19/2024	<i>aa 3%-d10w-calcium-heparin</i>	<i>amino acid 3 % no.2 pedi/dextrose 10 %/calcium gluc/heparin</i>	ADD UM: COV		Non FDA Approved Drugs
07/19/2024	LIDTOPIC	<i>lidocaine</i>	ADD UM: COV		Non FDA Approved Drugs
07/19/2024	<i>sodium sulfacetamide-sulfur</i>	<i>sulfacetamide sodium/sulfur</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2024	<i>estrogen-methyltestosterone</i>	<i>estrogens, esterified/methyltestosterone</i>	ADD UM: COV		Non FDA Approved Drugs
07/19/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD UM: B4		High Cost Brands and Generics
07/19/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: CS		Core Specialty
07/19/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: SPECIALTY		Specialty Drug
07/19/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/19/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		PA Applies
07/19/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/19/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		PA Applies
07/19/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: MAXQTYPERDAY		71.429 per day
07/19/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: PANAME		PA Applies
07/19/2024	<i>dropsafe sicura safety needle</i>	<i>needles, safety</i>	ADD TO FORMULARY		Preferred Brands
07/22/2024	<i>freestyle libre 3 plus sensor</i>	<i>blood-glucose sensor</i>	ADD UM: MAXQTYPERDAY		0.072 per day
07/24/2024	VAFSEO	<i>vadadustat</i>	ADD UM: COV		Coverage Delay
07/24/2024	PIASKY	<i>crovalimab-akkz</i>	ADD UM: COV		Coverage Delay
07/24/2024	VAFSEO	<i>vadadustat</i>	ADD UM: COV		Coverage Delay
07/24/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/24/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		PA Applies
07/24/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/24/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		PA Applies
07/25/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD UM: SPECIALTY		Specialty Drug
07/25/2024	<i>palonosetron hcl</i>	<i>palonosetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
07/25/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
07/25/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
07/25/2024	EVENITY (2 SYRINGES)	<i>romosozumab-aqqg</i>	ADD UM: SPECIALTY		Specialty Drug
07/25/2024	EVENITY	<i>romosozumab-aqqg</i>	ADD UM: SPECIALTY		Specialty Drug
07/25/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD UM: SPECIALTY		Specialty Drug
07/25/2024	<i>susvimo implnt and insert tool</i>	<i>ocular implant with insertion tool for ranibizumab</i>	ADD UM: SPECIALTY		Specialty Drug
07/25/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: SPECIALTY		Specialty Drug
07/25/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD UM: CS		Core Specialty
07/25/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
07/25/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
07/25/2024	EVENITY (2 SYRINGES)	<i>romosozumab-aqqg</i>	ADD UM: CS		Core Specialty
07/25/2024	EVENITY	<i>romosozumab-aqqg</i>	ADD UM: CS		Core Specialty
07/25/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD UM: CS		Core Specialty
07/25/2024	<i>susvimo implnt and insert tool</i>	<i>ocular implant with insertion tool for ranibizumab</i>	ADD UM: CS		Core Specialty
07/25/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: CS		Core Specialty
07/25/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD UM: PANAME		PA Applies
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>fenofibrate</i>	<i>fenofibrate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>celecoxib</i>	<i>celecoxib</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>fenofibrate</i>	<i>fenofibrate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>celecoxib</i>	<i>celecoxib</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
07/26/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>bupropion xl</i>	<i>bupropion hcl</i>	REMOVE UM: COV	Non FDA Approved Drugs	
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>fenofibrate</i>	<i>fenofibrate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>fenofibrate</i>	<i>fenofibrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>fenofibrate</i>	<i>fenofibrate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>fenofibrate</i>	<i>fenofibrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>olmesartan medoxomil</i>	<i>olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
07/26/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
07/26/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>amiodarone hcl</i>	<i>amiodarone hcl</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>naproxen-esomeprazole mag</i>	<i>naproxen/esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>atropine sulfite</i>	<i>atropine sulfite</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>testosterone</i>	<i>testosterone</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>atropine sulfite</i>	<i>atropine sulfite</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>l-glutamine</i>	<i>glutamine</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>calcium acetate</i>	<i>calcium acetate</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>naproxen-esomeprazole mag</i>	<i>naproxen/esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY		Generics
07/26/2024	<i>amiodarone hcl</i>	<i>amiodarone hcl</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		30.0 per day
07/26/2024	<i>aripiprazole</i>	<i>aripiprazole</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>calcium acetate</i>	<i>calcium acetate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
07/26/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	REMOVE UM: COV	Coverage Delay	
07/26/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	REMOVE UM: COV	Coverage Delay	
07/26/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
07/26/2024	<i>naproxen-esomeprazole mag</i>	<i>naproxen/esomeprazole magnesium</i>	ADD UM: B4		High Cost Brands and Generics
07/26/2024	<i>naproxen-esomeprazole mag</i>	<i>naproxen/esomeprazole magnesium</i>	ADD UM: B4		High Cost Brands and Generics
07/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
07/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
07/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
07/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
07/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: MAXQTYPERDAY		3.0 per day
07/26/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	ADD UM: PANAME		PA Applies
07/26/2024	<i>testosterone</i>	<i>testosterone</i>	ADD UM: MAXQTYPERDAY		5.0 per day
07/26/2024	<i>testosterone</i>	<i>testosterone</i>	ADD UM: PANAME		PA Applies
07/26/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
07/26/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
07/26/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
07/26/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: DRUGCLASS		Acne Products

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: PANAME		PA Required for those 40 and older
07/26/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: DRUGCLASS		Acne Products
07/26/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: PANAME		PA Required for those 40 and older
07/26/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	FLUZONE HIGH-DOSE TRIV 2024-25	<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	FLUZONE HIGH-DOSE TRIV 2024-25	<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD TO FORMULARY		Preferred Brands
07/26/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/26/2024	FLUARIX TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/26/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	FLUZONE HIGH- DOSE TRIV 2024-25	<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLUZONE HIGH- DOSE TRIV 2024-25	<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/26/2024	FLUZONE HIGH- DOSE TRIV 2024-25	<i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: DRUGCLASS		Vaccine Network
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: DRUGCLASS		Vaccine Network

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	FLUZONE TRIVALENT 2024-2025	<i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	FLUZONE HIGH-DOSE TRIV 2024-25	<i>influenza virus vaccine trivalent split 2024-2025(65 yr up)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLUZONE HIGH-DOSE TRIV 2024-25	<i>influenza virus vaccine trivalent split 2024-2025(65 yr up)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/26/2024	FLUZONE HIGH-DOSE TRIV 2024-25	<i>influenza virus vaccine trivalent split 2024-2025(65 yr up)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/26/2024	FLULAVAL TRIVALENT 2024-2025	<i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
07/26/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
07/26/2024	FLUBLOK TRIVALENT 2024-2025	<i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	<i>true cover</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
07/26/2024	<i>freestyle libre 3 plus sensor</i>	<i>blood-glucose sensor</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
07/26/2024	<i>freestyle libre 3 plus sensor</i>	<i>blood-glucose sensor</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
07/26/2024	<i>palonosetron hcl</i>	<i>palonosetron hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	<i>eptifibatide</i>	<i>eptifibatide</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	EVENITY (2 SYRINGES)	<i>romosozumab-aqqg</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	EVENITY	<i>romosozumab-aqqg</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole/trimethoprim</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	<i>susvimo implnt and insert tool</i>	<i>ocular implant with insertion tool for ranibizumab</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole/trimethoprim</i>	ADD UM: COV		Bucket 2 General Exclusions
07/26/2024	<i>eptifibatide</i>	<i>eptifibatide</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	CINRYZE	<i>c1 esterase inhibitor</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
07/26/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
07/26/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/26/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/26/2024	FOCALIN	<i>dexmethylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/26/2024	<i>nystatin</i>	<i>nystatin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
07/26/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/26/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
07/26/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
07/26/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
07/26/2024	FOCALIN	<i>dexmethylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
07/26/2024	FOCALIN	<i>dexmethylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
07/26/2024	<i>methadone hcl-0.9% nacl</i>	<i>methadone hydrochloride in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
07/26/2024	<i>amino acids 2.5%-d10w</i>	<i>amino acid 2.5 % comb no.2 (pediatric) in 10 % dextrose</i>	ADD UM: COV		Non FDA Approved Drugs
07/26/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2024	MUSCUSOLICE	<i>baclofen</i>	ADD UM: COV		Non FDA Approved Drugs
07/26/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
07/26/2024	<i>propranolol</i>	<i>1,3-propranolol</i>	ADD UM: COV		Non FDA Approved Drugs
07/26/2024	<i>propranolol</i>	<i>1,3-propranolol</i>	ADD UM: COV		Non FDA Approved Drugs
07/26/2024	CAPHOSOL	<i>saliva substitute combo no.2</i>	ADD UM: COV		Non FDA Approved Drugs
07/26/2024	<i>propranolol</i>	<i>1,3-propranolol</i>	ADD UM: COV		Non FDA Approved Drugs
07/26/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: STEP		ST applies
07/26/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: STEP		ST applies
07/26/2024	CINRYZE	<i>c1 esterase inhibitor</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
07/26/2024	ILUMYA	<i>tildrakizumab-asmn</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
07/30/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/30/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: SPECIALTY		Specialty Drug
07/30/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
07/30/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
07/30/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: CS		Core Specialty
07/30/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
07/30/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
07/30/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD UM: CS		Core Specialty
07/30/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: CS		Core Specialty
07/30/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: CS		Core Specialty
07/31/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: COV		Coverage Delay
07/31/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: COV		Coverage Delay
07/31/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: COV		Coverage Delay
07/31/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

August, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	IWILFIN	<i>eflornithine hcl</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
08/01/2024	IWILFIN	<i>eflornithine hcl</i>	REMOVE UM: COV	Coverage Delay	
08/01/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>clonidine</i>	<i>clonidine</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>clonidine</i>	<i>clonidine</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: SDS		Y
08/01/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: CS		Core Specialty
08/01/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	ADD UM: MAXQTYPERDAY		1.2 per day
08/01/2024	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>clonidine</i>	<i>clonidine</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>amlodipine-olmesartan</i>	<i>amlodipine besylate/olmesartan medoxomil</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/01/2024	<i>lurasidone hcl</i>	<i>lurasidone hcl</i>	ADD UM: FI1		Rx90 List
08/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: CS		Core Specialty
08/01/2024	<i>hydrocortisone</i>	<i>hydrocortisone</i>	ADD UM: MAXQTYPERDAY		15.134 per day
08/01/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	IMDELLTRA	<i>tarlatamab-dlle</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/01/2024	<i>amiodarone hcl</i>	<i>amiodarone hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/01/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
08/01/2024	<i>relizorb</i>	<i>enteral pump accessory for fat hydrolysis</i>	ADD UM: COV		Bucket 2 General Exclusions
08/01/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty
08/01/2024	<i>tandem mobi cartridge</i>	<i>insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
08/01/2024	<i>tandem mobi cartridge</i>	<i>insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
08/01/2024	TRIDACAINE III	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
08/01/2024	TRIDACAINE III	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
08/01/2024	TRIDACAINE III	<i>lidocaine</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	DETROL	<i>tolterodine tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/01/2024	DETROL	<i>tolterodine tartrate</i>	ADD UM: FI1		Rx90 List
08/01/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/01/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
08/01/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: STEP		ST applies
08/01/2024	XANAX XR	<i>alprazolam</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/01/2024	<i>heparin sodium-0.9% nacl</i>	<i>heparin sodium,porcine in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>ephedrine sulfate-nacl</i>	<i>ephedrine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>oxytocin-lactated ringers</i>	<i>oxytocin/ringer's solution,lactated</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>potassium phosphate-0.9% nacl</i>	<i>potassium phosphate in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>epinephrine-nacl</i>	<i>epinephrine in sodium chloride, iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>oxytocin-lactated ringers</i>	<i>oxytocin/ringer's solution,lactated</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>heparin sodium-0.9% nacl</i>	<i>heparin sodium,porcine in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>oxytocin-0.9% nacl</i>	<i>oxytocin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>ursodiol</i>	<i>ursodiol</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	<i>naltrexone hcl</i>	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/01/2024	APRETUDE	<i>cabotegravir</i>	ADD UM: QUANTITY		max 60 days / fill
08/01/2024	APRETUDE	<i>cabotegravir</i>	ADD UM: COV		Non Formulary
08/01/2024	APRETUDE	<i>cabotegravir</i>	ADD UM: SDS		Y
08/01/2024	APRETUDE	<i>cabotegravir</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	APRETUDE	<i>cabotegravir</i>	ADD UM: CS		Core Specialty
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/01/2024	<i>liraglutide</i>	<i>liraglutide</i>	ADD UM: FI1		Rx90 List
08/01/2024	VISTOGARD	<i>uridine triacetate</i>	ADD UM: B4		High Cost Brands and Generics
08/01/2024	VISTOGARD	<i>uridine triacetate</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	VISTOGARD	<i>uridine triacetate</i>	ADD UM: CS		Core Specialty
08/01/2024	VISTOGARD	<i>uridine triacetate</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	VISTOGARD	<i>uridine triacetate</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	VISTOGARD	<i>uridine triacetate</i>	ADD UM: CS		Core Specialty
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: B4		High Cost Brands and Generics
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: B4		High Cost Brands and Generics
08/01/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD TO FORMULARY		Preferred Brands
08/01/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: MAXQTYPERDAY		0.143 per day
08/01/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: PANAME		PA Applies
08/01/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	ADBRY AUTOINJECTOR	<i>tralokinumab-ldrm</i>	ADD UM: CS		Core Specialty
08/01/2024	SYMTUZA	<i>darunavir eth/cobicistat/emtricitabine/ enofovir alafenamide</i>	ADD TO FORMULARY		Preferred Brands
08/01/2024	SYMTUZA	<i>darunavir eth/cobicistat/emtricitabine/ enofovir alafenamide</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	SYMTUZA	<i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i>	ADD UM: SPECIALTY		Specialty Drug
08/01/2024	XARELTO	<i>rivaroxaban</i>	ADD TO FORMULARY		Preferred Brands
08/01/2024	XARELTO	<i>rivaroxaban</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/01/2024	XARELTO	<i>rivaroxaban</i>	ADD UM: FI1		Rx90 List
08/01/2024	XARELTO	<i>rivaroxaban</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/01/2024	<i>meloxicam</i>	<i>meloxicam</i>	ADD TO FORMULARY		Preferred Generics
08/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
08/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD TO FORMULARY		Preferred Generics
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/01/2024	<i>meloxicam</i>	<i>meloxicam</i>	ADD TO FORMULARY		Preferred Generics
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
08/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
08/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
08/01/2024	VISTOGARD	<i>uridine triacetate</i>	ADD TO FORMULARY		Non-Preferred Brands
08/01/2024	VISTOGARD	<i>uridine triacetate</i>	ADD TO FORMULARY		Non-Preferred Brands
08/01/2024	<i>contour plus blue</i>	<i>blood-glucose meter</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: MAXQTYPERDAY	1 per day	
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD TO FORMULARY		Generics
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	4.0 per day
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	REMOVE UM: MAXQTYPERDAY	4.0 per day	
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands
08/01/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
08/01/2024	APRETUDE	<i>cabotegravir</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>sodium chloride</i>	<i>sodium chloride for inhalation</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>hydrocodone-homatropine mbr</i>	<i>hydrocodone bitartrate/homatropine methylbromide</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>methimazole</i>	<i>methimazole</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>promethazine hcl</i>	<i>promethazine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>hydrocodone-homatropine mbr</i>	<i>hydrocodone bitartrate/homatropine methylbromide</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>sodium chloride</i>	<i>sodium chloride for inhalation</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>methimazole</i>	<i>methimazole</i>	ADD TO FORMULARY		Preferred Generics
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/02/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/02/2024	<i>mirtazapine</i>	<i>mirtazapine</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		0.2 per day
08/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
08/02/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/02/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
08/02/2024	ZOMIG	<i>zolmitriptan</i>	ADD TO FORMULARY		Generics
08/02/2024	ZOMIG	<i>zolmitriptan</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>bepotastine besilate</i>	<i>bepotastine besilate</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>nystatin-triamcinolone</i>	<i>nystatin/triamcinolone acetonide</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD TO FORMULARY		Generics
08/02/2024	<i>bepotastine besilate</i>	<i>bepotastine besilate</i>	ADD UM: B3		All Other
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>cholestyramine</i>	<i>cholestyramine (with sugar)</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
08/02/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: PANAME		PA Applies
08/02/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/02/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: PANAME		PA Applies
08/02/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/02/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		PA Applies
08/02/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/02/2024	<i>ivabradine hcl</i>	<i>ivabradine hcl</i>	ADD UM: PANAME		PA Applies
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>nebivolol hcl</i>	<i>nebivolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>nystatin-triamcinolone</i>	<i>nystatin/triamcinolone acetonide</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: PANAME		PA Applies
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: PANAME		PA Applies
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: PANAME		PA Applies
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: PANAME		PA Applies
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
08/02/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
08/02/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
08/02/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
08/02/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	ZOMIG	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day
08/02/2024	ZOMIG	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day
08/02/2024	<i>contour plus test strip</i>	<i>blood sugar diagnostic strip</i>	ADD TO FORMULARY		Preferred Brands
08/02/2024	MENQUADFI	<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>	ADD TO FORMULARY		Preferred Brands
08/02/2024	<i>contour plus test strip</i>	<i>blood sugar diagnostic strip</i>	REMOVE UM: COV	Non FDA Approved Drugs	
08/02/2024	MENQUADFI	<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/02/2024	MENQUADFI	<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/02/2024	MENQUADFI	<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/02/2024	<i>liraglutide</i>	<i>liraglutide</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
08/02/2024	<i>liraglutide</i>	<i>liraglutide</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	GEODON	<i>ziprasidone mesylate</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>zinc sulfata</i>	<i>zinc sulfata</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>zinc sulfate</i>	<i>zinc sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>diazepam</i>	<i>diazepam</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>zinc sulfate</i>	<i>zinc sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	MIRO3D	<i>extracellular matrix (ecm), porcine derived</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	GEODON	<i>ziprasidone mesylate</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>zinc sulfate</i>	<i>zinc sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>contour plus blue</i>	<i>blood-glucose meter</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>iopamidol</i>	<i>iopamidol</i>	ADD UM: COV		Bucket 2 General Exclusions
08/02/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/02/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/02/2024	TIMOPTIC OCUDOSE	<i>timolol maleate/pf</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/02/2024	TIMOPTIC OCUDOSE	<i>timolol maleate/pf</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>papaverine hcl</i>	<i>papaverine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>succinylcholine chloride-nacl</i>	<i>succinylcholine chloride in sodium chloride,iso-osmotic/pf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
08/02/2024	<i>sodium chloride</i>	<i>sodium chloride for inhalation</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	DAVIMET WITH IRON	<i>multivitamin combination no.62/iron chelate/levomefolate</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>rejoyn</i>	<i>digital therapeutics,cognit. behavioral therapy for mdd</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>dextromethorphan hbr</i>	<i>dextromethorphan hbr</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>dextromethorphan hbr</i>	<i>dextromethorphan hbr</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>dapsone</i>	<i>dapsone</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>ursodiol</i>	<i>ursodiol</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>2-methoxyestradiol</i>	<i>2-methoxyestradiol</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>succinylcholine chloride</i>	<i>succinylcholine chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: COV		Non FDA Approved Drugs
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/02/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
08/02/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
08/02/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: MAXQTYPERDAY		0.167 per day
08/02/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: DRUGCLASS		Infertility
08/02/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD UM: MAXQTYPERDAY		0.072 per day
08/02/2024	<i>adalimumab-ryvk(cf)</i>	<i>adalimumab-ryvk</i>	ADD UM: PANAME		PA Applies
08/06/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl/pf</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	OTEZLA	<i>apremilast</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	LIVMARLI	<i>maralixibat chloride</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	OTEZLA	<i>apremilast</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
08/06/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: CS		Core Specialty
08/06/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: CS		Core Specialty
08/06/2024	LIVMARLI	<i>maralixibat chloride</i>	ADD UM: CS		Core Specialty
08/06/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: CS		Core Specialty

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/06/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: CS		Core Specialty
08/06/2024	OTEZLA	<i>apremilast</i>	ADD UM: CS		Core Specialty
08/06/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
08/06/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: CS		Core Specialty
08/06/2024	OTEZLA	<i>apremilast</i>	ADD UM: CS		Core Specialty
08/07/2024	LIVMARLI	<i>maralixibat chloride</i>	ADD UM: COV		Coverage Delay
08/08/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: QUANTITY		max 1 / 28 days
08/08/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: MAXQTYPERDAY		0.009 per day
08/08/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: PANAME		PA Applies
08/08/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: QUANTITY		max 1 / 28 days
08/08/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: MAXQTYPERDAY		0.018 per day
08/08/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: PANAME		PA Applies
08/08/2024	OTEZLA	<i>apremilast</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/08/2024	OTEZLA	<i>apremilast</i>	ADD UM: PANAME		PA Applies
08/08/2024	OTEZLA	<i>apremilast</i>	ADD UM: QUANTITY		max 55 / 180 days
08/08/2024	OTEZLA	<i>apremilast</i>	ADD UM: PANAME		PA Applies
08/08/2024	LIVMARLI	<i>maralixibat chloride</i>	ADD UM: PANAME		PA Applies
08/08/2024	TALTZ SYRINGE	<i>ixekizumab</i>	REMOVE UM: QUANTITY	max 1 / 28 days	
08/08/2024	TALTZ SYRINGE	<i>ixekizumab</i>	REMOVE UM: QUANTITY	max 1 / 28 days	
08/09/2024	<i>oxybutynin chloride er</i>	<i>oxybutynin chloride</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>oxybutynin chloride er</i>	<i>oxybutynin chloride</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>oxybutynin chloride er</i>	<i>oxybutynin chloride</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>folic acid</i>	<i>folic acid</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
08/09/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
08/09/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>oxybutynin chloride er</i>	<i>oxybutynin chloride</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>oxybutynin chloride er</i>	<i>oxybutynin chloride</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>oxybutynin chloride er</i>	<i>oxybutynin chloride</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/09/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/09/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
08/09/2024	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>tinidazole</i>	<i>tinidazole</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>pentoxifylline</i>	<i>pentoxifylline</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>tinidazole</i>	<i>tinidazole</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>tranexamic acid</i>	<i>tranexamic acid</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>pentoxifylline</i>	<i>pentoxifylline</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>ciclopirox</i>	<i>ciclopirox</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
08/09/2024	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	ADD UM: MAXQTYPERDAY		1.2 per day
08/09/2024	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD UM: B3		Non Sedating Antihistamines
08/09/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.5 per day
08/09/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.5 per day
08/09/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.5 per day
08/09/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.5 per day
08/09/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: B3		Ulcer Drugs, H2 Antagonists

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: B3		Ulcer Drugs, H2 Antagonists
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: B3		Ulcer Drugs, H2 Antagonists
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/09/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>pentoxifylline</i>	<i>pentoxifylline</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>pentoxifylline</i>	<i>pentoxifylline</i>	ADD UM: FI1		Rx90 List

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>tuberculin slip-tip syringe</i>	<i>syringe with needle,disposable, 1 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>aerochamber mechanical vent</i>	<i>inhaler, assist devices</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	ABRYSVO	<i>respiratory syncytial virus vaccine, pref a and b/pf</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	OTEZLA	<i>apremilast</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	OTEZLA	<i>apremilast</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
08/09/2024	ABRYSVO	<i>respiratory syncytial virus vaccine, pref a and b/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/09/2024	ABRYSVO	<i>respiratory syncytial virus vaccine, pref a and b/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/09/2024	ABRYSVO	<i>respiratory syncytial virus vaccine, pref a and b/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>aerochamber mechanical vent</i>	<i>inhaler, assist devices</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle, insulin, 0.3 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle, insulin, 0.3 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle, disposable, insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle, insulin, 0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	<i>trueplus insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/09/2024	TANLOR	<i>methocarbamol</i>	ADD TO FORMULARY		Non-Preferred Brands
08/09/2024	SANCUSO	<i>granisetron</i>	ADD TO FORMULARY		Non-Preferred Brands
08/09/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
08/09/2024	<i>methocarbamol</i>	<i>methocarbamol</i>	ADD TO FORMULARY		Non-Preferred Brands
08/09/2024	<i>methocarbamol</i>	<i>methocarbamol</i>	ADD UM: B4		High Cost Brands and Generics
08/09/2024	SANCUSO	<i>granisetron</i>	ADD UM: MAXQTYPERDAY		0.067 per day
08/09/2024	SANCUSO	<i>granisetron</i>	ADD UM: B4		High Cost Brands and Generics
08/09/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: MAXQTYPERDAY		6.0 per day
08/09/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/09/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/09/2024	<i>true metrix glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/09/2024	<i>tavaborole</i>	<i>tavaborole</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>calcipotriene-betamethasone</i>	<i>calcipotriene/betamethasone dipropionate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/09/2024	<i>calcipotriene-betamethasone</i>	<i>calcipotriene/betamethasone dipropionate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/09/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/09/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: MAXQTYPERDAY		0.167 per day
08/09/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: DRUGCLASS		Infertility
08/09/2024	<i>cetorelix acetate</i>	<i>cetorelix acetate</i>	ADD UM: PANAME		PA Applies
08/09/2024	<i>true metrix glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: MAXQTYPERDAY		6.8 per day
08/09/2024	<i>true metrix glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
08/09/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>vecuronium bromide</i>	<i>vecuronium bromide</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>diazepam</i>	<i>diazepam</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>pantoprazole sodium-0.9% nacl</i>	<i>pantoprazole sodium in 0.9% sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>pantoprazole sodium-0.9% nacl</i>	<i>pantoprazole sodium in 0.9% sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>vecuronium bromide</i>	<i>vecuronium bromide</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>pantoprazole sodium-0.9% nacl</i>	<i>pantoprazole sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>diazepam</i>	<i>diazepam</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>pantoprazole sodium-0.9% nacl</i>	<i>pantoprazole sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>tobramycin sulfate</i>	<i>tobramycin sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>diazepam</i>	<i>diazepam</i>	ADD UM: COV		Bucket 2 General Exclusions
08/09/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/09/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/09/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/09/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/09/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	<i>cyclobenzaprine hcl</i>	<i>cyclobenzaprine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/09/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/09/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: FI1		Rx90 List
08/09/2024	<i>amantadine</i>	<i>amantadine hcl</i>	ADD UM: FI1		Rx90 List
08/09/2024	XANAX XR	<i>alprazolam</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/09/2024	<i>oxymetazoline hcl</i>	<i>oxymetazoline hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>oxymetazoline hcl</i>	<i>oxymetazoline hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	LENTOCILIN S	<i>penicillin g benzathine</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>dexamethasone sod phos-water</i>	<i>dexamethasone sodium phosphate/pf</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>ketoconazole</i>	<i>ketoconazole</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>microcrystalline cellulose</i>	<i>cellulose</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>oxymetazoline hcl</i>	<i>oxymetazoline hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>oxymetazoline hcl</i>	<i>oxymetazoline hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
08/09/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2024	DEPLIN FC	<i>levomefolate calcium</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>methotrexate</i>	<i>methotrexate</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	SUREBIOTIC	<i>lactobacillus acidophilus/bifidobacterium animalis</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	SCARTRATE	<i>dimethicone/allantoin</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	METANX FC	<i>mecobalamin/levomefolate calcium/pyridoxal phosphate</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	METANX FC	<i>mecobalamin/levomefolate calcium/pyridoxal phosphate</i>	ADD UM: COV		Non FDA Approved Drugs
08/09/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: B4		High Cost Brands and Generics
08/09/2024	TANLOR	<i>methocarbamol</i>	ADD UM: B4		High Cost Brands and Generics
08/13/2024	<i>entecavir</i>	<i>entecavir</i>	ADD UM: SPECIALTY		Specialty Drug
08/13/2024	<i>cisplatin</i>	<i>cisplatin</i>	ADD UM: SPECIALTY		Specialty Drug
08/13/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
08/13/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
08/13/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
08/13/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: SPECIALTY		Specialty Drug
08/13/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: CS		Core Specialty
08/13/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: CS		Core Specialty
08/13/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/13/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: CS		Core Specialty
08/14/2024	MYDCOMBI	<i>phenylephrine hcl/tropicamide</i>	ADD UM: COV		Coverage Delay
08/14/2024	MYDCOMBI	<i>phenylephrine hcl/tropicamide</i>	ADD UM: COV		Coverage Delay
08/14/2024	VIGAFYDE	<i>vigabatrin</i>	ADD UM: COV		Coverage Delay
08/15/2024	KISUNLA	<i>donanemab-azbt</i>	ADD UM: SPECIALTY		Specialty Drug
08/15/2024	PIASKY	<i>crovalimab-akkz</i>	ADD UM: SPECIALTY		Specialty Drug
08/15/2024	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: SPECIALTY		Specialty Drug
08/15/2024	IQIRVO	<i>elafibranor</i>	ADD UM: SPECIALTY		Specialty Drug
08/15/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: SPECIALTY		Specialty Drug
08/15/2024	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: SPECIALTY		Specialty Drug
08/15/2024	PEMRYDI RTU	<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
08/15/2024	IQIRVO	<i>elafibranor</i>	ADD UM: CS		Core Specialty
08/15/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: CS		Core Specialty
08/15/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: CS		Core Specialty
08/15/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: CS		Core Specialty
08/15/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: CS		Core Specialty
08/15/2024	PEMRYDI RTU	<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
08/15/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: CS		Core Specialty
08/15/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: CS		Core Specialty
08/15/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: MAXQTYPERDAY		3.0 per day
08/15/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/15/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/15/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/15/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: PANAME		PA Applies
08/15/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: PANAME		PA Applies
08/15/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: PANAME		PA Applies
08/15/2024	RETEVMO	<i>selpercatinib</i>	ADD UM: PANAME		PA Applies
08/15/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: QUANTITY		max 2 / 180 days
08/15/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		PA Applies
08/15/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: MAXQTYPERDAY		0.072 per day
08/15/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		PA Applies
08/16/2024	CAMILA	<i>norethindrone</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>polymyxin b sul-trimethoprim</i>	<i>polymyxin b sulfate/trimethoprim</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>cyanocobalamin injection</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	CAMILA	<i>norethindrone</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: DRUGCLASS		Contraceptives
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: FI1		Rx90 List
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: QPBU		HCROCRX Contraceptives
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: DRUGCLASS		Contraceptives
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: FI1		Rx90 List
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/16/2024	CAMILA	<i>norethindrone</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>carbidopa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>carbidopa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	<i>aminocaproic acid</i>	<i>aminocaproic acid</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>entecavir</i>	<i>entecavir</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>trospium chloride</i>	<i>trospium chloride</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>topiramate</i>	<i>topiramate</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>promethazine-phenylephrine hcl</i>	<i>phenylephrine hcl/promethazine hcl</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
08/16/2024	<i>carbidopa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>carbidopa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>oseltamivir phosphate</i>	<i>oseltamivir phosphate</i>	ADD UM: QUANTITY		max 20 / 120 days
08/16/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: B4		High Cost Brands and Generics
08/16/2024	<i>trospium chloride</i>	<i>trospium chloride</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>ultiguard safepack-pen needle</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD TO FORMULARY		Preferred Brands
08/16/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD TO FORMULARY		Preferred Brands
08/16/2024	<i>ultiguard safepack-pen needle</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	RETEVMO	<i>selpercatinib</i>	ADD TO FORMULARY		Preferred Brands
08/16/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD TO FORMULARY		Preferred Brands
08/16/2024	RETEVMO	<i>selpercatinib</i>	ADD TO FORMULARY		Preferred Brands
08/16/2024	RETEVMO	<i>selpercatinib</i>	ADD TO FORMULARY		Preferred Brands
08/16/2024	RETEVMO	<i>selpercatinib</i>	ADD TO FORMULARY		Preferred Brands
08/16/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/16/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD UM: DRUGCLASS		Vaccine Network
08/16/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/16/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD UM: DRUGCLASS		Vaccine Network
08/16/2024	FLUMIST TRIVALENT 2024-2025	<i>influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>ultiguard safepack-pen needle</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD UM: DRUGCLASS		Insulin Syringes
08/16/2024	<i>ultiguard safepack-pen needle</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	<i>ultiguard safepack-pen needle</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD UM: DRUGCLASS		Insulin Syringes
08/16/2024	<i>ultiguard safepack-pen needle</i>	<i>pen needle, diabetic, remover and disposal unit</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Non-Preferred Brands
08/16/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Non-Preferred Brands
08/16/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: DRUGCLASS		Weight Loss
08/16/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: DRUGCLASS		Weight Loss
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/16/2024	RELEXXII	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
08/16/2024	VAXCHORA VACCINE	<i>cholera vaccine, live</i>	ADD UM: COV		Bucket 2 General Exclusions
08/16/2024	ERVEBO (NATIONAL STOCKPILE)	<i>ebola (zaire) recombinant vaccine, live, vero cell/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
08/16/2024	<i>cisplatin</i>	<i>cisplatin</i>	ADD UM: COV		Bucket 2 General Exclusions
08/16/2024	TECELRA	<i>afamitresgene autoleucel</i>	ADD UM: COV		Bucket 2 General Exclusions
08/16/2024	ERVEBO (NATIONAL STOCKPILE)	<i>ebola (zaire) recombinant vaccine, live, vero cell/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
08/16/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>diazepam</i>	<i>diazepam</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>diazepam</i>	<i>diazepam</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/16/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
08/16/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
08/16/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
08/16/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		20.0 per day
08/16/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		20.0 per day
08/16/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/16/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
08/16/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
08/16/2024	XANAX XR	<i>alprazolam</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/16/2024	DETROL	<i>tolterodine tartrate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/16/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/16/2024	CARNITOR	<i>levocarnitine (with sugar)</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: COV		Non FDA Approved Drugs
08/16/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: COV		Non FDA Approved Drugs
08/16/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: COV		Non FDA Approved Drugs
08/16/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: COV		Non FDA Approved Drugs
08/16/2024	<i>povidone iodine</i>	<i>povidone-iodine</i>	ADD UM: COV		Non FDA Approved Drugs
08/16/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/16/2024	<i>oxycodone hydrochloride</i>	<i>oxycodone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: CS		Core Specialty
08/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: CS		Core Specialty
08/19/2024	ACTHAR SELFJECT	<i>corticotropin</i>	ADD UM: CS		Core Specialty
08/21/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: COV		Coverage Delay
08/21/2024	CREXONT	<i>carbidopa/levodopa</i>	ADD UM: COV		Coverage Delay
08/21/2024	CREXONT	<i>carbidopa/levodopa</i>	ADD UM: COV		Coverage Delay
08/21/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: COV		Coverage Delay
08/21/2024	NEMLUVIO	<i>nemolizumab-ilto</i>	ADD UM: COV		Coverage Delay
08/21/2024	LIVDELZI	<i>seladelpar lysine</i>	ADD UM: COV		Coverage Delay
08/21/2024	CREXONT	<i>carbidopa/levodopa</i>	ADD UM: COV		Coverage Delay
08/21/2024	CREXONT	<i>carbidopa/levodopa</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/21/2024	NEFFY	<i>epinephrine</i>	ADD UM: COV		Coverage Delay
08/22/2024	PARAGARD T 380-A	<i>copper</i>	ADD UM: SPECIALTY		Specialty Drug
08/22/2024	IDAMYCIN PFS	<i>idarubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: MAXQTYPERDAY	0.2 per day	
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: MAXQTYPERDAY		
08/22/2024	ENSPRYNG	<i>satralizumab-mwge</i>	REMOVE UM: MAXQTYPERDAY	0.036 per day	
08/22/2024	INQOVI	<i>decitabine/cedazuridine</i>	REMOVE UM: MAXQTYPERDAY	0.179 per day	
08/22/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE UM: MAXQTYPERDAY	8.0 per day	
08/22/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: MAXQTYPERDAY	4.0 per day	
08/22/2024	PAXLOVID	<i>nirmatrelvir/ritonavir</i>	REMOVE UM: MAXQTYPERDAY	6.0 per day	
08/22/2024	REYVOW	<i>lasmiditan succinate</i>	REMOVE UM: MAXQTYPERDAY	0.267 per day	
08/22/2024	REYVOW	<i>lasmiditan succinate</i>	REMOVE UM: MAXQTYPERDAY	0.267 per day	
08/22/2024	RINVOQ	<i>upadacitinib</i>	CHANGE UM: QUANTITY	max 56 / 365 days	max 85 per 365 days
08/22/2024	XDEMYVY	<i>lotilaner</i>	CHANGE UM: QUANTITY	max 20 / 120 days	max 10 / 50 days
08/22/2024	RHOPRESSA	<i>netarsudil mesylate</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	TRAVATAN Z	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2024	ROCKLATAN	<i>netarsudil mesylate/latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	XALATAN	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>travoprost</i>	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>travoprost</i>	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	TRAVATAN Z	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	LUMIGAN	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	TRAVATAN Z	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	LUMIGAN	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>travoprost</i>	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	LUMIGAN	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	LUMIGAN	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost/pf</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>travoprost</i>	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>travoprost</i>	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>travoprost</i>	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>travoprost</i>	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>latanoprost</i>	<i>latanoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	VYZULTA	<i>latanoprostene bunod</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>bimatoprost</i>	<i>bimatoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	RHOPRESSA	<i>netarsudil mesylate</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	<i>travoprost</i>	<i>travoprost</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	VYZULTA	<i>latanoprostene bunod</i>	REMOVE UM: MAXQTYPERDAY	0.084 per day	
08/22/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/22/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: PANAME		PA Applies
08/22/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: PANAME		PA Applies
08/22/2024	LIVDELZI	<i>seladelpar lysine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/22/2024	LIVDELZI	<i>seladelpar lysine</i>	ADD UM: PANAME		PA Applies
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/23/2024	<i>cyanocobalamin injection</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>cyanocobalamin injection</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>tamoxifen citrate</i>	<i>tamoxifen citrate</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>methotrexate</i>	<i>methotrexate sodium</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>methotrexate</i>	<i>methotrexate sodium</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate- ethinyl estradiol/ferrous fumarate</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	<i>carbidopa- levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: QPBU		HCROCRX Contraceptives
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: DRUGCLASS		Contraceptives
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: FI1		Rx90 List
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: QPBU		HCROCRX Contraceptives
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: DRUGCLASS		Contraceptives
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: FI1		Rx90 List
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/23/2024	MICROGESTIN FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>tamoxifen citrate</i>	<i>tamoxifen citrate</i>	ADD UM: QPBU		HCRBCRX Breast Cancer
08/23/2024	<i>tamoxifen citrate</i>	<i>tamoxifen citrate</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 35+ years
08/23/2024	<i>tamoxifen citrate</i>	<i>tamoxifen citrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>metolazone</i>	<i>metolazone</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>metolazone</i>	<i>metolazone</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>levorphanol tartrate</i>	<i>levorphanol tartrate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>naproxen sodium cr</i>	<i>naproxen sodium</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>naproxen sodium cr</i>	<i>naproxen sodium cr</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>naproxen sodium cr</i>	<i>naproxen sodium cr</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>metolazone</i>	<i>metolazone</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>haloperidol</i>	<i>haloperidol</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD TO FORMULARY		Generics
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>captopril</i>	<i>captopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
08/23/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>levorphanol tartrate</i>	<i>levorphanol tartrate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
08/23/2024	<i>levorphanol tartrate</i>	<i>levorphanol tartrate</i>	ADD UM: B4		High Cost Brands and Generics
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/23/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
08/23/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>metolazone</i>	<i>metolazone</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	<i>naproxen sodium cr</i>	<i>naproxen sodium</i>	ADD UM: B4		High Cost Brands and Generics
08/23/2024	<i>naproxen sodium cr</i>	<i>naproxen sodium</i>	ADD UM: B4		High Cost Brands and Generics
08/23/2024	<i>naproxen sodium cr</i>	<i>naproxen sodium</i>	ADD UM: B4		High Cost Brands and Generics
08/23/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
08/23/2024	AUVI-Q	<i>epinephrine</i>	ADD TO FORMULARY		Preferred Brands
08/23/2024	AUVI-Q	<i>epinephrine</i>	ADD TO FORMULARY		Preferred Brands
08/23/2024	AUVI-Q	<i>epinephrine</i>	ADD TO FORMULARY		Preferred Brands
08/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/23/2024	FORFIVO XL	<i>bupropion hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
08/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>brimonidine tartrate</i>	<i>brimonidine tartrate</i>	ADD UM: FI1		Rx90 List
08/23/2024	FORFIVO XL	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/23/2024	FORFIVO XL	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	<i>diatrizoate meglumine-sodium</i>	<i>diatrizoate meglumine/diatrizoate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>orphenadrine citrate</i>	<i>orphenadrine citrate</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>diatrizoate meglumine-sodium</i>	<i>diatrizoate meglumine/diatrizoate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>dextrose in water</i>	<i>dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>ilet infusion kit-inset</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>tandem mobi autosoft 30 supply</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>tandem mobi autosoft xc supply</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>dextrose in water</i>	<i>dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
08/23/2024	<i>proparacaine hcl</i>	<i>proparacaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>tandem mobi trusteeel supply</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	FOSCAVIR	<i>foscarnet sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>tandem mobi autosoft xc supply</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	PARAGARD T 380-A	<i>copper</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>tandem mobi system</i>	<i>subcutaneous insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	IDAMYCIN PFS	<i>idarubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>diatrizoate meglumine-sodium</i>	<i>diatrizoate meglumine/diatrizoate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>diatrizoate meglumine-sodium</i>	<i>diatrizoate meglumine/diatrizoate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>tandem mobi autosoft xc supply</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	WESTAB MAX	<i>cyanocobalamin/folic acid/pyridoxine</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
08/23/2024	<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole/trimethoprim</i>	ADD UM: COV		Bucket 2 General Exclusions
08/23/2024	<i>ilet infusion kit-inset</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/23/2024	PARAGARD T 380-A	<i>copper</i>	ADD UM: DRUGCLASS		Contraceptives
08/23/2024	PARAGARD T 380-A	<i>copper</i>	ADD UM: SDS		Y
08/23/2024	PARAGARD T 380-A	<i>copper</i>	ADD UM: MED		Medical Drug
08/23/2024	<i>tandem mobi system</i>	<i>subcutaneous insulin pump</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/23/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/23/2024	<i>chlorhexidine gluconate</i>	<i>chlorhexidine gluconate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
08/23/2024	LESCOL XL	<i>fluvastatin sodium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/23/2024	TENORETIC 50	<i>atenolol/chlorthalidone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/23/2024	TENORETIC 100	<i>atenolol/chlorthalidone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
08/23/2024	LESCOL XL	<i>fluvastatin sodium</i>	ADD UM: FI1		Rx90 List
08/23/2024	TENORETIC 100	<i>atenolol/chlorthalidone</i>	ADD UM: FI1		Rx90 List
08/23/2024	TENORETIC 50	<i>atenolol/chlorthalidone</i>	ADD UM: FI1		Rx90 List
08/23/2024	<i>timolol-brimonidin-dorzolamide</i>	<i>timolol maleate/brimonidine tartrate/dorzolamide hcl/pf</i>	ADD UM: COV		Non FDA Approved Drugs
08/23/2024	<i>jelene</i>	<i>mineral oil/polyethylene glycol</i>	ADD UM: COV		Non FDA Approved Drugs
08/23/2024	<i>jelene</i>	<i>mineral oil/polyethylene glycol</i>	ADD UM: COV		Non FDA Approved Drugs
08/23/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2024	<i>jelene</i>	<i>mineral oil/polyethylene glycol</i>	ADD UM: COV		Non FDA Approved Drugs
08/23/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	CHANGE TIER	Non-Preferred Brands	Preferred Generics
08/23/2024	<i>promethazine vc</i>	<i>phenylephrine hcl/promethazine hcl</i>	CHANGE TIER	Non-Preferred Brands	Generics
08/23/2024	<i>levorphanol tartrate</i>	<i>levorphanol tartrate</i>	CHANGE TIER	Non-Preferred Brands	Generics
08/23/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	ADD TO FORMULARY		Preferred Generics
08/23/2024	FORFIVO XL	<i>bupropion hcl</i>	ADD UM: STEP		ST applies
08/23/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	CHANGE TIER	Non-Preferred Brands	Preferred Generics
08/24/2024	RINVOQ LQ	<i>upadacitinib</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	RINVOQ LQ	<i>upadacitinib</i>	REMOVE UM: COV	Coverage Delay	
08/24/2024	SPIKEVAX 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	SPIKEVAX 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/24/2024	SPIKEVAX 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	SPIKEVAX 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/24/2024	MODERNA COVID 24-25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	MODERNA COVID 24-25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/24/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/24/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/24/2024	SPIKEVAX 2024- 2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	SPIKEVAX 2024- 2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/24/2024	SPIKEVAX 2024- 2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	SPIKEVAX 2024- 2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/24/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/24/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	COMIRNATY 2024-2025	<i>covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/24/2024	SPIKEVAX 2024- 2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	SPIKEVAX 2024- 2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/24/2024	SPIKEVAX 2024- 2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	SPIKEVAX 2024- 2025	<i>covid vaccine 2024-2025 (12 yrs up) (moderna)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	MODERNA COVID 24- 25(6M-11Y)EUA	<i>covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/24/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/24/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/24/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/24/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/24/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/24/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/27/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: COV		Coverage Delay
08/27/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: COV		Coverage Delay
08/27/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: COV		Coverage Delay
08/28/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
08/28/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: SPECIALTY		Specialty Drug
08/28/2024	PROLEUKIN	<i>aldesleukin</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/28/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
08/28/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
08/28/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
08/28/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: CS		Core Specialty
08/28/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: CS		Core Specialty
08/28/2024	PROLEUKIN	<i>aldesleukin</i>	ADD UM: CS		Core Specialty
08/28/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: CS		Core Specialty
08/28/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
08/28/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
08/29/2024	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/29/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Bucket 2 General Exclusions
08/29/2024	ZEPBOUND	<i>tirzepatide</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/29/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD TO FORMULARY		Preferred Generics
08/30/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
08/30/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/30/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD UM: FI1		Rx90 List
08/30/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
08/30/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
08/30/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
08/30/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/30/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD TO FORMULARY		Generics
08/30/2024	<i>rufinamide</i>	<i>rufinamide</i>	ADD TO FORMULARY		Generics
08/30/2024	<i>erythromycin</i>	<i>erythromycin base in ethanol</i>	ADD TO FORMULARY		Generics
08/30/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: CS		Core Specialty
08/30/2024	<i>octreotide acetate</i>	<i>octreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
08/30/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/30/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/30/2024	<i>perfect point safety needle</i>	<i>needles, safety</i>	ADD TO FORMULARY		Preferred Brands
08/30/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
08/30/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/30/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD TO FORMULARY		Preferred Brands
08/30/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD TO FORMULARY		Preferred Brands
08/30/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
08/30/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD TO FORMULARY		Preferred Brands
08/30/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/30/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/30/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/30/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/30/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/30/2024	PFIZER COVID 2024-25(5-11Y)EUA	<i>covid vacc 2024-2025 (5-11 years) (pfizer)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/30/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/30/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/30/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
08/30/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
08/30/2024	PFIZER COVID 2024-25(6M-4Y)EUA	<i>covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
08/30/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	POSFREA	<i>palonosetron hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	POSFREA	<i>palonosetron hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	TEVIMBRA	<i>tislelizumab-jsgr</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	TEVIMBRA	<i>tislelizumab-jsgr</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	PROLEUKIN	<i>aldesleukin</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	PROLEUKIN	<i>aldesleukin</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2024	<i>azacitidine</i>	<i>azacitidine</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>triamcinolone acetonide</i>	<i>triamcinolone acetonide</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
08/30/2024	POSFREA	<i>palonosetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
08/30/2024	<i>relievrx</i>	<i>digital therapeutics,cognit. behavioral therapy for clbp</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>relievrx</i>	<i>digital therapeutics,cognit. behavioral therapy for clbp</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	LOTREXONE	<i>naltrexone hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	LOTREXONE	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
08/30/2024	LOTREXONE	<i>naltrexone hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	LOTREXONE	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	INFLAMEX	<i>niacin/levomefolate/turmeric root/black pepper/garlic/herb</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	INFLAMEX	<i>niacin/levomefolate/turmeric root/black pepper/garlic/herb</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>fentanyl-ropivacaine-0.9% nacl</i>	<i>fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	<i>amino acid 4%-d10w</i>	<i>amino acid 4 % comb no.2 (pediatric) in 10 % dextrose</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>amino acid 4%-d10w</i>	<i>amino acid 4 % comb no.2 (pediatric) in 10 % dextrose</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	CARDIOPLEGIA WARM INDUCT 4:1	<i>cardioplegic solution no.33 (warm induction 4:1)</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	CARDIOPLEGIA WARM INDUCT 4:1	<i>cardioplegic solution no.33 (warm induction 4:1)</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	VASHE	<i>sodium chloride irrigating solution/hypochlorous acid</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	VASHE	<i>sodium chloride irrigating solution/hypochlorous acid</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>norepinephrine bitar-0.9% nacl</i>	<i>norepinephrine bitartrate in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	<i>ephedrine sulfate-0.9% nacl</i>	<i>ephedrine sulfate in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	<i>ephedrine sulfate-0.9% nacl</i>	<i>ephedrine sulfate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	LOTREXONE	<i>naltrexone hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
08/30/2024	LOTREXONE	<i>naltrexone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
08/30/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
08/30/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: PANAME		PA Applies
08/30/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
08/30/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

September, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	BOSULIF	<i>bosutinib</i>	ADD TO FORMULARY		Preferred Brands
09/01/2024	BOSULIF	<i>bosutinib</i>	REMOVE UM: COV	Coverage Delay	
09/01/2024	BOSULIF	<i>bosutinib</i>	ADD TO FORMULARY		Preferred Brands
09/01/2024	BOSULIF	<i>bosutinib</i>	REMOVE UM: COV	Coverage Delay	
09/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	CHANGE TIER		Generics
09/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	CHANGE UM: F11		Rx90 List
09/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	CHANGE UM: PR		PREVENTIVE MEDICATION
09/01/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD TO FORMULARY		Generics
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: MAXQTYPERDAY		0.036 per day
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		PA Applies
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: COV		Coverage Delay
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
09/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: CS		Core Specialty
09/01/2024	AMTAGVI	<i>lifileucel</i>	ADD UM: CS		Core Specialty
09/01/2024	AMTAGVI	<i>lifileucel</i>	ADD UM: SPECIALTY		Specialty Drug
09/01/2024	<i>adapalene</i>	<i>adapalene</i>	ADD UM: DRUGCLASS		Acne Products
09/01/2024	<i>adapalene</i>	<i>adapalene</i>	ADD UM: DRUGCLASS		Acne Products
09/01/2024	HUMALOG	<i>insulin lispro</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	HUMULIN R	<i>insulin regular, human</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/01/2024	<i>montelukast sodium</i>	<i>montelukast sodium</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
09/01/2024	<i>montelukast sodium</i>	<i>montelukast sodium</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
09/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: SPECIALTY		Specialty Drug
09/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: CS		Core Specialty
09/01/2024	<i>bupivacaine-dextrose</i>	<i>bupivacaine hcl in dextrose/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>bupivacaine-dextrose</i>	<i>bupivacaine hcl in dextrose/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/01/2024	<i>bupivacaine-dextrose</i>	<i>bupivacaine hcl in dextrose/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>bupivacaine-dextrose</i>	<i>bupivacaine hcl in dextrose/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/01/2024	<i>furosemide</i>	<i>furosemide</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/01/2024	<i>furosemide</i>	<i>furosemide</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/01/2024	<i>furosemide</i>	<i>furosemide</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	<i>furosemide</i>	<i>furosemide</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/01/2024	<i>lactulose</i>	<i>lactulose</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/01/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
09/01/2024	<i>lactulose</i>	<i>lactulose</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/01/2024	<i>lactulose</i>	<i>lactulose</i>	ADD UM: FI1		Rx90 List
09/01/2024	<i>atovaquone</i>	<i>atovaquone</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>atovaquone</i>	<i>atovaquone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/01/2024	OTEZLA	<i>apremilast</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/01/2024	TALTZ SYRINGE	<i>ixekizumab</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/01/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/01/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
09/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	ADD UM: MAXQTYPERDAY		0.036 per day
09/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	ADD UM: PANAME		PA Applies
09/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
09/01/2024	IDACIO(CF) PEN	<i>adalimumab-aacf</i>	ADD UM: CS		Core Specialty
09/01/2024	<i>estradiol cypionate</i>	<i>estradiol cypionate</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>estradiol cypionate</i>	<i>estradiol cypionate</i>	ADD UM: COV		Non FDA Approved Drugs
09/01/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	ADD UM: COV		Non FDA Approved Drugs
09/01/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred Brands
09/01/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		PA Applies
09/01/2024	XOLAIR	<i>omalizumab</i>	ADD UM: CS		Core Specialty
09/01/2024	XOLAIR	<i>omalizumab</i>	ADD UM: SPECIALTY		Specialty Drug
09/01/2024	XOLAIR	<i>omalizumab</i>	ADD TO FORMULARY		Preferred Brands
09/01/2024	XOLAIR	<i>omalizumab</i>	ADD UM: PANAME		PA Applies
09/01/2024	XOLAIR	<i>omalizumab</i>	ADD UM: SPECIALTY		Specialty Drug
09/01/2024	XOLAIR	<i>omalizumab</i>	ADD UM: CS		Core Specialty
09/01/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD TO FORMULARY		Preferred Generics
09/01/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/01/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: DRUGCLASS		Weight Loss
09/01/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PANAME		PA Applies
09/01/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY	Non-Formulary	Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	REMOVE UM: COV	Bucket 2 Institutional and Hospital Pack	
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY	Non-Formulary	Generics
09/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	REMOVE UM: COV	Bucket 2 Institutional and Hospital Pack	
09/01/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD TO FORMULARY		Preferred Generics
09/01/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: FI1		Rx90 List
09/01/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/01/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD TO FORMULARY		Preferred Generics
09/01/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: FI1		Rx90 List
09/01/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/01/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
09/01/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
09/01/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
09/01/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/04/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
09/04/2024	VABYSMO	<i>faricimab-svoa</i>	ADD UM: SPECIALTY		Specialty Drug
09/04/2024	VABYSMO	<i>faricimab-svoa</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/04/2024	ONYDA XR	<i>clonidine hcl</i>	ADD UM: COV		Coverage Delay
09/04/2024	ONYDA XR	<i>clonidine hcl</i>	ADD UM: COV		Coverage Delay
09/04/2024	ONYDA XR	<i>clonidine hcl</i>	ADD UM: COV		Coverage Delay
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>quetiapine fumarate</i>	<i>quetiapine fumarate</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
09/06/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
09/06/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: QPBU		HCRASP Aspirin
09/06/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/06/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>trazodone hcl</i>	<i>trazodone hcl</i>	ADD UM: B4		High Cost Brands and Generics
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
09/06/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle, insulin, 0.3 ml</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>aerochamber plus flow-vu</i>	<i>inhaler,assist device with medium mask</i>	ADD TO FORMULARY		Preferred Brands
09/06/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
09/06/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
09/06/2024	<i>aerochamber plus flow-vu</i>	<i>inhaler,assist device with medium mask</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/06/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle,insulin,0.3 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/06/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/06/2024	<i>comfort ez insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/06/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/06/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/06/2024	RELPAx	<i>eletriptan hydrobromide</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	RELPAx	<i>eletriptan hydrobromide</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/06/2024	NORVASC	<i>amlodipine besylate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/06/2024	RELPAX	<i>eletriptan hydrobromide</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	RELPAX	<i>eletriptan hydrobromide</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/06/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
09/06/2024	RELPAX	<i>eletriptan hydrobromide</i>	ADD UM: MAXQTYPERDAY		0.4 per day
09/06/2024	RELPAX	<i>eletriptan hydrobromide</i>	ADD UM: STEP		ST applies
09/06/2024	RELPAX	<i>eletriptan hydrobromide</i>	ADD UM: MAXQTYPERDAY		0.4 per day
09/06/2024	RELPAX	<i>eletriptan hydrobromide</i>	ADD UM: STEP		ST applies
09/06/2024	<i>phytobase</i>	<i>cream base no.109</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>phytobase</i>	<i>cream base no.109</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	DEPLIN FC	<i>levomefolate calcium</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	DEPLIN FC	<i>levomefolate calcium</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>tazarotene</i>	<i>tazarotene</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>tazarotene</i>	<i>tazarotene</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>phenylephrine hcl-nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>phenylephrine hcl-nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
09/06/2024	<i>estradiol cypionate</i>	<i>estradiol cypionate</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>estradiol cypionate</i>	<i>estradiol cypionate</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>estradiol cypionate</i>	<i>estradiol cypionate</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>estradiol cypionate</i>	<i>estradiol cypionate</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>tazarotene</i>	<i>tazarotene</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>tazarotene</i>	<i>tazarotene</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>tazarotene</i>	<i>tazarotene</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>tazarotene</i>	<i>tazarotene</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>brimonidine-dorzolamide</i>	<i>brimonidine tartrate/dorzolamide hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>brimonidine-dorzolamide</i>	<i>brimonidine tartrate/dorzolamide hcl</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>succinylcholine chloride</i>	<i>succinylcholine chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	<i>succinylcholine chloride</i>	<i>succinylcholine chloride</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	LIQUICAL PLUS	<i>calcium citrate/magnesium citrate/vitamin d3/zinc citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	LIQUICAL PLUS	<i>calcium citrate/magnesium citrate/vitamin d3/zinc citrate</i>	ADD UM: COV		Non FDA Approved Drugs
09/06/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/06/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/06/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD TO FORMULARY		Preferred Generics
09/06/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/06/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>lofexidine hcl</i>	<i>lofexidine hcl</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>prednisolone</i>	<i>prednisolone</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>lofexidine hcl</i>	<i>lofexidine hcl</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>mesalamine</i>	<i>mesalamine</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	REMOVE UM: COV	Non FDA Approved Drugs	
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	REMOVE UM: COV	Non FDA Approved Drugs	
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	REMOVE UM: COV	Non FDA Approved Drugs	
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	REMOVE UM: COV	Non FDA Approved Drugs	
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	REMOVE UM: COV	Non FDA Approved Drugs	
09/06/2024	<i>acetylcysteine</i>	<i>acetylcysteine</i>	REMOVE UM: COV	Non FDA Approved Drugs	
09/06/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
09/06/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>prednisolone</i>	<i>prednisolone</i>	ADD UM: B4		High Cost Brands and Generics
09/06/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>rasagiline mesylate</i>	<i>rasagiline mesylate</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD UM: B4		High Cost Brands and Generics
09/06/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD UM: STEP		ST applies
09/06/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/06/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/06/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/06/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/06/2024	<i>chlorpromazine hcl</i>	<i>chlorpromazine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/06/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/06/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>theophylline</i>	<i>theophylline anhydrous</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>theophylline</i>	<i>theophylline anhydrous</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>lidocaine hcl viscous</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	ONYDA XR	<i>clonidine hcl</i>	CHANGE UM: COV	Coverage Delay	Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>lidocaine hcl viscous</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/06/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	ADD UM: MAXQTYPERDAY		3.334 per day
09/06/2024	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	ADD UM: MAXQTYPERDAY		3.334 per day
09/06/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>theophylline</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>theophylline</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
09/06/2024	<i>theophylline</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
09/06/2024	<i>theophylline</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
09/06/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
09/06/2024	ZOMIG	<i>zolmitriptan</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/06/2024	VIGAMOX	<i>moxifloxacin hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/06/2024	ZOMIG	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	ZOMIG	<i>zolmitriptan</i>	ADD UM: STEP		ST applies
09/06/2024	VABYSMO	<i>faricimab-svoa</i>	REMOVE FROM FORMULARY		Non-Formulary
09/06/2024	VABYSMO	<i>faricimab-svoa</i>	ADD UM: COV		Bucket 2 General Exclusions
09/06/2024	VABYSMO	<i>faricimab-svoa</i>	ADD UM: SDS		Y
09/06/2024	<i>mesalamine</i>	<i>mesalamine</i>	CHANGE TIER	Non-Preferred Brands	Generics
09/06/2024	NOVAVAX COVID 2024-2025 (EUA)	<i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>	ADD TO FORMULARY		Preferred Brands
09/06/2024	NOVAVAX COVID 2024-2025 (EUA)	<i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
09/06/2024	NOVAVAX COVID 2024-2025 (EUA)	<i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
09/06/2024	NOVAVAX COVID 2024-2025 (EUA)	<i>covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/06/2024	VABYSMO	<i>faricimab-svoa</i>	ADD UM: PANAME		PA Applies
09/06/2024	VABYSMO	<i>faricimab-svoa</i>	ADD UM: MED		Medical Drug
09/06/2024	VABYSMO	<i>faricimab-svoa</i>	ADD UM: QUANTITY		max 112 days / fill
09/06/2024	<i>acitretin</i>	<i>acitretin</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>acitretin</i>	<i>acitretin</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>acitretin</i>	<i>acitretin</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>mesalamine</i>	<i>mesalamine</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
09/06/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
09/10/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>plerixafor</i>	<i>plerixafor</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: SPECIALTY		Specialty Drug
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>plerixafor</i>	<i>plerixafor</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: CS		Core Specialty
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	CIALIS	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	CIALIS	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	CIALIS	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	CIALIS	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/10/2024	<i>tadalafil</i>	<i>tadalafil</i>	REMOVE UM: QUANTITY	max 6 / 30 days	
09/11/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: COV		Coverage Delay
09/11/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>mirabegron er</i>	<i>mirabegron</i>	ADD UM: COV		Coverage Delay
09/11/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/11/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: COV		Coverage Delay
09/11/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: COV		Coverage Delay
09/13/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	<i>zolpidem tartrate</i>	<i>zolpidem tartrate</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	FRAICHE 5000	<i>fluoride (sodium)</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	<i>zolpidem tartrate</i>	<i>zolpidem tartrate</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD TO FORMULARY		Preferred Generics
09/13/2024	FRAICHE 5000	<i>fluoride (sodium)</i>	ADD UM: QPBU		HCRFS Fluoride Supplements

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	FRAICHE 5000	<i>fluoride (sodium)</i>	ADD UM: FI1		Rx90 List
09/13/2024	FRAICHE 5000	<i>fluoride (sodium)</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: Up to 16 years
09/13/2024	FRAICHE 5000	<i>fluoride (sodium)</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/13/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/13/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>lisinopril</i>	<i>lisinopril</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/13/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: MAXQTYPERDAY		6.0 per day
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: MAXQTYPERDAY		12.0 per day
09/13/2024	<i>zolpidem tartrate</i>	<i>zolpidem tartrate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>zolpidem tartrate</i>	<i>zolpidem tartrate</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	<i>butalbital-aspirin-caffeine</i>	<i>butalbital/aspirin/caffeine</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>oxcarbazepine er</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
09/13/2024	GALLIFREY	<i>norethindrone acetate</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>lofexidine hcl</i>	<i>lofexidine hcl</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>lofexidine hcl</i>	<i>lofexidine hcl</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>oxcarbazepine er</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>hydrocortisone-acetic acid</i>	<i>hydrocortisone/acetic acid</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>betamethasone valerate</i>	<i>betamethasone valerate</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>betamethasone valerate</i>	<i>betamethasone valerate</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>pyrazinamide</i>	<i>pyrazinamide</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>pyrazinamide</i>	<i>pyrazinamide</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>pyrazinamide</i>	<i>pyrazinamide</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>oxcarbazepine er</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>pyrazinamide</i>	<i>pyrazinamide</i>	ADD TO FORMULARY		Generics
09/13/2024	<i>betamethasone valerate</i>	<i>betamethasone valerate</i>	ADD UM: MAXQTYPERDAY		5.0 per day
09/13/2024	<i>betamethasone valerate</i>	<i>betamethasone valerate</i>	ADD UM: B4		High Cost Brands and Generics
09/13/2024	<i>betamethasone valerate</i>	<i>betamethasone valerate</i>	ADD UM: MAXQTYPERDAY		5.0 per day
09/13/2024	<i>betamethasone valerate</i>	<i>betamethasone valerate</i>	ADD UM: B4		High Cost Brands and Generics
09/13/2024	<i>butalbital-aspirin-caffeine</i>	<i>butalbital/aspirin/caffeine</i>	ADD UM: MAXQTYPERDAY		6.0 per day
09/13/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.25 per day
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.25 per day
09/13/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
09/13/2024	GALLIFREY	<i>norethindrone acetate</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>hydrocortisone-acetic acid</i>	<i>hydrocortisone/acetic acid</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: MAXQTYPERDAY		6.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: MAXQTYPERDAY		6.0 per day
09/13/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: MAXQTYPERDAY		6.0 per day
09/13/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
09/13/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD TO FORMULARY		Preferred Brands
09/13/2024	ABRYSVO	<i>respiratory syncytial virus vaccine, pref a and b/pf</i>	ADD TO FORMULARY		Preferred Brands
09/13/2024	ABRYSVO	<i>respiratory syncytial virus vaccine, pref a and b/pf</i>	ADD UM: QPBU		AAVAC1 Vaccines
09/13/2024	ABRYSVO	<i>respiratory syncytial virus vaccine, pref a and b/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
09/13/2024	ABRYSVO	<i>respiratory syncytial virus vaccine, pref a and b/pf</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/13/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
09/13/2024	<i>true comfort safe insulin syrg</i>	<i>syringe with needle, insulin, safety, 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/13/2024	<i>glimepiride</i>	<i>glimepiride</i>	ADD TO FORMULARY		Non-Preferred Brands
09/13/2024	<i>glimepiride</i>	<i>glimepiride</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>glimepiride</i>	<i>glimepiride</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/13/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	<i>calcium chloride</i>	<i>calcium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>potassium phosphate-0.9% nacl</i>	<i>potassium phosphate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>calcium chloride</i>	<i>calcium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>azacitidine</i>	<i>azacitidine</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>plerixafor</i>	<i>plerixafor</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: COV		Bucket 2 General Exclusions
09/13/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/13/2024	<i>prednisolone</i>	<i>prednisolone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	<i>prednisolone</i>	<i>prednisolone</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/13/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/13/2024	<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole/trimethoprim</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/13/2024	<i>sulfamethoxazole-trimethoprim</i>	<i>sulfamethoxazole/trimethoprim</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/13/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/13/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: FI1		Rx90 List
09/13/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
09/13/2024	<i>valproic acid</i>	<i>valproic acid (as sodium salt) (valproate sodium)</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
09/13/2024	TRAVATAN Z	<i>travoprost</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/13/2024	CELEBREX	<i>celecoxib</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/13/2024	TRAVATAN Z	<i>travoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
09/13/2024	TRAVATAN Z	<i>travoprost</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	<i>fentanyl-bupivacaine-0.9% nacl</i>	<i>fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
09/13/2024	<i>allopurinol</i>	<i>allopurinol</i>	CHANGE TIER	Non-Preferred Brands	Generics
09/13/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: MAXQTYPERDAY		4.0 per day
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: MAXQTYPERDAY		3.0 per day
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: PANAME		PA Applies
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: PANAME		PA Applies
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: PANAME		PA Applies
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: PANAME		PA Applies
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: PANAME		PA Applies
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/13/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD UM: PANAME		PA Applies
09/13/2024	ONYDA XR	<i>clonidine hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
09/13/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	ADD TO FORMULARY	Non-Formulary	Generics
09/13/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	ADD UM: B3		All Other

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	<i>glimepiride</i>	<i>glimepiride</i>	ADD UM: B4		High Cost Brands and Generics
09/13/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
09/13/2024	<i>olopatadine hcl</i>	<i>olopatadine hcl</i>	REMOVE UM: B3	All Other	
09/16/2024	VAFSEO	<i>vadadustat</i>	ADD UM: SPECIALTY		Specialty Drug
09/16/2024	TECELRA	<i>afamitresgene autoleucel</i>	ADD UM: SPECIALTY		Specialty Drug
09/16/2024	VAFSEO	<i>vadadustat</i>	ADD UM: SPECIALTY		Specialty Drug
09/16/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: CS		Core Specialty
09/16/2024	VAFSEO	<i>vadadustat</i>	ADD UM: CS		Core Specialty
09/16/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: CS		Core Specialty
09/16/2024	RYTELO	<i>imetelstat sodium</i>	ADD UM: CS		Core Specialty
09/16/2024	RYTELO	<i>imetelstat sodium</i>	ADD UM: CS		Core Specialty
09/16/2024	KISUNLA	<i>donanemab-azbt</i>	ADD UM: CS		Core Specialty
09/16/2024	LYFGENIA	<i>lovotibeglogene autotemcel</i>	ADD UM: CS		Core Specialty
09/16/2024	TECELRA	<i>afamitresgene autoleucel</i>	ADD UM: CS		Core Specialty
09/16/2024	DUVYZAT	<i>givinostat hydrochloride</i>	ADD UM: CS		Core Specialty
09/16/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: CS		Core Specialty
09/16/2024	VIGAFYDE	<i>vigabatrin</i>	ADD UM: CS		Core Specialty
09/16/2024	DUVYZAT	<i>givinostat hydrochloride</i>	ADD UM: CS		Core Specialty
09/16/2024	VAFSEO	<i>vadadustat</i>	ADD UM: CS		Core Specialty
09/16/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/17/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
09/17/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
09/17/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
09/17/2024	AZURETTE	<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/18/2024	<i>adalimumab-aacf(cf) pen ps-uv</i>	<i>adalimumab-aacf</i>	ADD UM: COV		Coverage Delay
09/18/2024	<i>adalimumab-aacf(cf) pen crohns</i>	<i>adalimumab-aacf</i>	ADD UM: COV		Coverage Delay
09/18/2024	FEMLYV	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: COV		Coverage Delay
09/18/2024	FEMLYV	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: COV		Coverage Delay
09/18/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD UM: CS		Core Specialty
09/18/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: CS		Core Specialty
09/18/2024	FEMLYV	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
09/19/2024	<i>adalimumab-aacf(cf) pen ps-uv</i>	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug
09/19/2024	<i>adalimumab-aacf(cf) pen crohns</i>	<i>adalimumab-aacf</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/19/2024	<i>adalimumab-aacf(cf) pen ps-uv</i>	<i>adalimumab-aacf</i>	ADD UM: CS		Core Specialty
09/19/2024	<i>adalimumab-aacf(cf) pen crohns</i>	<i>adalimumab-aacf</i>	ADD UM: CS		Core Specialty
09/20/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD TO FORMULARY		Preferred Generics
09/20/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD UM: MAXQTYPERDAY		8.0 per day
09/20/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>perphenazine</i>	<i>perphenazine</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>perphenazine</i>	<i>perphenazine</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>perphenazine</i>	<i>perphenazine</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>perphenazine</i>	<i>perphenazine</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>phenylephrine hcl</i>	<i>phenylephrine hcl</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>acetazolamide</i>	<i>acetazolamide</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>acetazolamide</i>	<i>acetazolamide</i>	ADD UM: FI1		Rx90 List
09/20/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: FI1		Rx90 List
09/20/2024	<i>allopurinol</i>	<i>allopurinol</i>	ADD UM: B4		High Cost Brands and Generics
09/20/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2024	<i>perfect point safety lancets</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
09/20/2024	<i>perfect point safety lancets</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
09/20/2024	<i>omnipod 5 (g6/libre 2 plus)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/l2</i>	ADD TO FORMULARY		Preferred Brands
09/20/2024	<i>omnipod 5 intro(g6/libre2plu s)</i>	<i>insulin pump cart, automated dosing, bt, g6/l2 with controller</i>	ADD TO FORMULARY		Preferred Brands
09/20/2024	NUDEXTA	<i>dextromethorphan hbr/quinidine sulfate</i>	ADD TO FORMULARY		Preferred Brands
09/20/2024	<i>omnipod 5 (g6/libre 2 plus)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/l2</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/20/2024	<i>omnipod 5 (g6/libre 2 plus)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/l2</i>	ADD UM: PANAME		PA Applies
09/20/2024	<i>omnipod 5 (g6/libre 2 plus)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/l2</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/20/2024	<i>omnipod 5 intro(g6/libre2plu s)</i>	<i>insulin pump cart, automated dosing, bt, g6/l2 with controller</i>	ADD UM: QUANTITY		max 1 / 720 days
09/20/2024	<i>omnipod 5 intro(g6/libre2plu s)</i>	<i>insulin pump cart, automated dosing, bt, g6/l2 with controller</i>	ADD UM: PANAME		PA Applies
09/20/2024	<i>omnipod 5 intro(g6/libre2plu s)</i>	<i>insulin pump cart, automated dosing, bt, g6/l2 with controller</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/20/2024	<i>perfect point safety lancets</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2024	<i>perfect point safety lancets</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/20/2024	<i>perfect point safety lancets</i>	<i>lancets</i>	ADD UM: DRUGCLASS		Lancets
09/20/2024	<i>perfect point safety lancets</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/20/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD TO FORMULARY		Non-Preferred Brands
09/20/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
09/20/2024	<i>formoterol fumarate-nebulizer</i>	<i>formoterol fumarate/nebulizer</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
09/20/2024	<i>formoterol fumarate-nebulizer</i>	<i>formoterol fumarate/nebulizer</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
09/20/2024	<i>formoterol fumarate-nebulizer</i>	<i>formoterol fumarate/nebulizer</i>	ADD UM: FI1		Rx90 List
09/20/2024	<i>formoterol fumarate-nebulizer</i>	<i>formoterol fumarate/nebulizer</i>	ADD UM: FI1		Rx90 List
09/20/2024	CLINIMIX E	<i>amino acids 2.75 %/calcium/electrolyte-tpn soln/d5w</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	CLINIMIX E	<i>amino acids 5 %/calcium/electrolyte-tpn soln/dextrose 20 %</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2024	<i>twiist rfl(infus-csst-ndf-syr)</i>	<i>insulin pump cartridge/insulin infusion set/syringe/needle</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	CLINIMIX E	<i>amino acids 5 %/dextrose 15 %/electrolytes</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	MIROTRACT	<i>extracellular matrix (ecm), porcine derived</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	<i>epinephrine</i>	<i>epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	CLINIMIX E	<i>amino acids 4.25 %/calcium/electrolyte-tpn soln/dextrose 10%</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	<i>foscarnet sodium</i>	<i>foscarnet sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	CLINIMIX E	<i>amino acids 4.25 %/calcium/electrolyte-tpn soln/dextrose 10%</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	CLINIMIX E	<i>amino acids 5 %/dextrose 15 %/electrolytes</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	<i>cefazolin sodium-dextrose</i>	<i>cefazolin sodium/dextrose, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	ADRENALIN	<i>epinephrine in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	ADRENALIN	<i>epinephrine in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	CLINIMIX E	<i>amino acids 5 %/calcium/electrolyte-tpn soln/dextrose 20 %</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2024	MIROTRACT	<i>extracellular matrix (ecm), porcine derived</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	<i>twiist starter kit</i>	<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	<i>twiist refill kt(csst-ndi-syr)</i>	<i>insulin pump cartridge/insulin pump syringe/insulin needles</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	CLINIMIX E	<i>amino acid 4.25 % comb no.1/dextrose 5 %/electrolytes no.39</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	<i>potassium phosphate-0.9% nacl</i>	<i>potassium phosphate in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	CLINIMIX E	<i>amino acid 4.25 % comb no.1/dextrose 5 %/electrolytes no.39</i>	ADD UM: COV		Bucket 2 General Exclusions
09/20/2024	HYRIMOZ(CF) PEN	<i>adalimumab-adaz</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 Institutional and Hospital Pack
09/20/2024	FLORAFOL PEDIATRIC	<i>pediatric multivitamin no.251 with sodium fluoride</i>	ADD UM: COV		Non FDA Approved Drugs
09/20/2024	<i>estrone</i>	<i>estrone</i>	ADD UM: COV		Non FDA Approved Drugs
09/20/2024	<i>sodium sulfacetamide</i>	<i>sulfacetamide sodium</i>	ADD UM: COV		Non FDA Approved Drugs
09/20/2024	FLORAFOL PEDIATRIC	<i>pediatric multivitamin no.251 with sodium fluoride</i>	ADD UM: COV		Non FDA Approved Drugs
09/20/2024	<i>estrone</i>	<i>estrone</i>	ADD UM: COV		Non FDA Approved Drugs
09/20/2024	<i>hydromorphone hcl</i>	<i>hydromorphone hcl</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2024	<i>norepinephrine bitartrat-water</i>	<i>norepinephrine bitartrate in sterile water</i>	ADD UM: COV		Non FDA Approved Drugs
09/20/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
09/20/2024	<i>adalimumab-aacf(cf) pen ps-uv</i>	<i>adalimumab-aacf</i>	ADD UM: QUANTITY		max 2 / 180 days
09/20/2024	<i>adalimumab-aacf(cf) pen crohns</i>	<i>adalimumab-aacf</i>	ADD UM: QUANTITY		max 3 / 180 days
09/20/2024	<i>adalimumab-aacf(cf) pen crohns</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		PA Applies
09/20/2024	<i>adalimumab-aacf(cf) pen ps-uv</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		PA Applies
09/20/2024	<i>baclofen</i>	<i>baclofen</i>	CHANGE TIER	Non-Preferred Brands	Generics
09/20/2024	<i>tazarotene</i>	<i>tazarotene</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>tazarotene</i>	<i>tazarotene</i>	ADD TO FORMULARY		Generics
09/20/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD TO FORMULARY		Non-Preferred Brands
09/20/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD UM: MAXQTYPERDAY		90.0 per day
09/25/2024	TREMFYA	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	TREMFYA	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/25/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	<i>thiotepa</i>	<i>thiotepa</i>	ADD UM: SPECIALTY		Specialty Drug
09/25/2024	TREMFYA	<i>guselkumab</i>	ADD UM: CS		Core Specialty
09/25/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: CS		Core Specialty
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: CS		Core Specialty
09/25/2024	TREMFYA	<i>guselkumab</i>	ADD UM: CS		Core Specialty
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: CS		Core Specialty
09/25/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: CS		Core Specialty
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: CS		Core Specialty
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: CS		Core Specialty
09/25/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: CS		Core Specialty
09/25/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: CS		Core Specialty
09/25/2024	<i> fingolimod</i>	<i> fingolimod hcl</i>	ADD UM: CS		Core Specialty
09/25/2024	TREMFYA	<i>guselkumab</i>	ADD UM: COV		Coverage Delay
09/25/2024	<i>erythromycin</i>	<i>erythromycin base</i>	ADD UM: COV		Coverage Delay
09/25/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: COV		Coverage Delay
09/25/2024	EBGLYSS PEN	<i>lebrikizumab-lbkz</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/25/2024	TECENTRIQ HYBREZA	<i>atezolizumab-hyaluronidase-tqjs</i>	ADD UM: COV		Coverage Delay
09/25/2024	SOTYKTU	<i>deucravacitinib</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
09/25/2024	SOTYKTU	<i>deucravacitinib</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/26/2024	VONVENDI	<i>von willebrand factor (recombinant)</i>	ADD UM: DRUGCLASS		Blood/Blood Products
09/26/2024	VONVENDI	<i>von willebrand factor (recombinant)</i>	ADD UM: DRUGCLASS		Blood/Blood Products
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	ZOVIA 1-35	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>celecoxib</i>	<i>celecoxib</i>	ADD TO FORMULARY		Preferred Generics
09/27/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
09/27/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
09/27/2024	<i>bupropion hcl</i>	<i>bupropion hcl</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>metoprolol tartrate</i>	<i>metoprolol tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>olanzapine</i>	<i>olanzapine</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
09/27/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD UM: MAXQTYPERDAY		8.0 per day
09/27/2024	ZOVIA 1-35	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
09/27/2024	ZOVIA 1-35	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
09/27/2024	ZOVIA 1-35	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
09/27/2024	ZOVIA 1-35	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
09/27/2024	ZOVIA 1-35	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine/pf</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>disopyramide phosphate</i>	<i>disopyramide phosphate</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>disopyramide phosphate</i>	<i>disopyramide phosphate</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>carbidopa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>dexamethasone</i>	<i>dexamethasone</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine/pf</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>etodolac</i>	<i>etodolac</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>heparin sodium</i>	<i>heparin sodium,porcine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>carbidopa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>fluphenazine hcl</i>	<i>fluphenazine hcl</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>etodolac</i>	<i>etodolac</i>	ADD TO FORMULARY		Generics
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>ranolazine er</i>	<i>ranolazine</i>	ADD TO FORMULARY		Generics
09/27/2024	<i>carbidopa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>carbidopa-levodopa er</i>	<i>carbidopa/levodopa</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>disopyramide phosphate</i>	<i>disopyramide phosphate</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>disopyramide phosphate</i>	<i>disopyramide phosphate</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
09/27/2024	<i>disopyramide phosphate</i>	<i>disopyramide phosphate</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>disopyramide phosphate</i>	<i>disopyramide phosphate</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
09/27/2024	<i>fingolimod</i>	<i>fingolimod hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: PANAME		PA Applies
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: MAXQTYPERDAY		0.75 per day
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: PANAME		PA Applies
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: PANAME		PA Applies
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: MAXQTYPERDAY		0.75 per day
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: PANAME		PA Applies
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: MAXQTYPERDAY		0.75 per day
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: PANAME		PA Applies
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lenalidomide</i>	<i>lenalidomide</i>	ADD UM: PANAME		PA Applies

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		ADD Drugs
09/27/2024	<i>ranolazine er</i>	<i>ranolazine</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>ranolazine er</i>	<i>ranolazine</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: QPBU		HCROCRX Contraceptives

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: DRUGCLASS		Contraceptives
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: FI1		Rx90 List
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: QPBU		HCROCRX Contraceptives
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: DRUGCLASS		Contraceptives
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: FI1		Rx90 List
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
09/27/2024	TILIA FE	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	CREON	<i>lipase/protease/amylase</i>	ADD TO FORMULARY		Preferred Brands
09/27/2024	CREON	<i>lipase/protease/amylase</i>	ADD UM: FI1		Rx90 List
09/27/2024	NYMALIZE	<i>nimodipine</i>	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	NYMALIZE	<i>nimodipine</i>	ADD TO FORMULARY		Non-Preferred Brands
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
09/27/2024	HALOETTE	<i>etonogestrel/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>thiamine hcl</i>	<i>thiamine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>thiamine hcl</i>	<i>thiamine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	MIROTRACT	<i>extracellular matrix (ecm), porcine derived</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	MIROTRACT	<i>extracellular matrix (ecm), porcine derived</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>norepinephrine bitartrate</i>	<i>norepinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>vasopressin</i>	<i>vasopressin</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	TREMFYA	<i>guselkumab</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>nicardipine hcl</i>	<i>nicardipine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>thiotepa</i>	<i>thiotepa</i>	ADD UM: COV		Bucket 2 General Exclusions
09/27/2024	<i>clonidine hcl</i>	<i>clonidine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/27/2024	CELEBREX	<i>celecoxib</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/27/2024	CELEBREX	<i>celecoxib</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	TRULANCE	<i>plecanatide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
09/27/2024	<i>clonidine hcl</i>	<i>clonidine hcl</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>clonidine hcl</i>	<i>clonidine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/27/2024	TRULANCE	<i>plecanatide</i>	ADD UM: FI1		Rx90 List
09/27/2024	CELEBREX	<i>celecoxib</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/27/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/27/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/27/2024	INSPRA	<i>eplerenone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/27/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/27/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/27/2024	<i>promethazine-dm</i>	<i>promethazine hcl/dextromethorphan hbr</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/27/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2024	CELEBEX	<i>celecoxib</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
09/27/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
09/27/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: PANAME		PA Applies
09/27/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
09/27/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
09/27/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
09/27/2024	INDERAL LA	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
09/27/2024	INSPIRA	<i>epplerenone</i>	ADD UM: FI1		Rx90 List
09/27/2024	<i>ketamine hcl- 0.9% nacl</i>	<i>ketamine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
09/27/2024	<i>timolol- dorzolamide- bimatoprost</i>	<i>timolol maleate/dorzolamide hcl/bimatoprost/pf</i>	ADD UM: COV		Non FDA Approved Drugs
09/27/2024	<i>saltstable lo</i>	<i>vehicle base no. 17</i>	ADD UM: COV		Non FDA Approved Drugs
09/27/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	CHANGE TIER	Non-Preferred Brands	Generics
09/27/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	CHANGE TIER	Non-Preferred Brands	Generics
09/27/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
09/29/2024	PREVIDENT 5000 ENAMEL PROTECT	<i>sodium fluoride/potassium nitrate</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2024	PREVIDENT 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	
09/29/2024	PREVIDENT 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	
09/29/2024	PREVIDENT 5000 ENAMEL PROTECT	<i>sodium fluoride/potassium nitrate</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	
09/29/2024	PREVIDENT 5000 ENAMEL PROTECT	<i>sodium fluoride/potassium nitrate</i>	ADD TO FORMULARY		Preferred Brands
09/29/2024	PREVIDENT 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	ADD TO FORMULARY		Preferred Brands
09/29/2024	DENTA 5000 PLUS SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
09/29/2024	DENTA 5000 PLUS SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	REMOVE UM: B4	High Cost Brands and Generics	
09/29/2024	FLUORIMAX 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
09/29/2024	FLUORIMAX 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	REMOVE UM: B4	High Cost Brands and Generics	
09/29/2024	FLUORIDEX SENSITIVITY RELIEF	<i>sodium fluoride/potassium nitrate</i>	CHANGE TIER	Non-Preferred Brands	Preferred Brands
09/29/2024	PREVIDENT 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	ADD TO FORMULARY		Preferred Brands
09/29/2024	PREVIDENT 5000 ENAMEL PROTECT	<i>sodium fluoride/potassium nitrate</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/30/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: MAXQTYPERDAY		0.072 per day
09/30/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: PANAME		PA Applies
09/30/2024	TREMFYA	<i>guselkumab</i>	ADD UM: MAXQTYPERDAY		0.072 per day
09/30/2024	TREMFYA	<i>guselkumab</i>	ADD UM: PANAME		PA Applies
09/30/2024	EBGLYSS PEN	<i>lebrikizumab-lbkz</i>	ADD UM: QUANTITY		max 1 / 28 days
09/30/2024	EBGLYSS PEN	<i>lebrikizumab-lbkz</i>	ADD UM: PANAME		PA Applies
09/30/2024	EBGLYSS PEN	<i>lebrikizumab-lbkz</i>	ADD UM: MAXQTYPERDAY		0.072 per day
09/30/2024	EBGLYSS PEN	<i>lebrikizumab-lbkz</i>	REMOVE UM: QUANTITY	max 1 / 28 days	
09/30/2024	<i>sitagliptin- metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: FI1		Rx90 List
09/30/2024	<i>sitagliptin- metformin</i>	<i>sitagliptin/metformin hcl</i>	ADD UM: FI1		Rx90 List
09/30/2024	<i>insulin glargine- yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>insulin glargine- yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>insulin glargine- yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>insulin glargine- yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/30/2024	MYHIBBIN	<i>mycophenolate mofetil</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>insulin glargine-yfgn</i>	<i>insulin glargine-yfgn</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>isosorbide mononitrate</i>	<i>isosorbide mononitrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
09/30/2024	<i>twiist starter kit</i>	<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

October, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	CHANGE TIER	Preferred Generics	Non-Preferred Brands
10/01/2024	EOHILIA	<i>budesonide</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ZITUVIO	<i>sitagliptin</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ALVAIZ	<i>eltrombopag choline</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	HUMIRA(CF)	<i>adalimumab</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ALVAIZ	<i>eltrombopag choline</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ALVAIZ	<i>eltrombopag choline</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	HUMIRA(CF)	<i>adalimumab</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	EOHILIA	<i>budesonide</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	WAINUA	<i>eplontersen sodium</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	SOVUNA	<i>hydroxychloroquine sulfate</i>	REMOVE UM: COV	Coverage Delay	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	DEFENCATH	<i>taurolidine in heparin sodium, porcine</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ZITUVIO	<i>sitagliptin</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ZITUVIO	<i>sitagliptin</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	EOHILIA	<i>budesonide</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	AGAMREE	<i>vamorolone</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	RIVFLOZA	<i>nedosiran sodium</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	HUMIRA(CF)	<i>adalimumab</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	BOSULIF	<i>bosutinib</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	RIVFLOZA	<i>nedosiran sodium</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ALVAIZ	<i>eltrombopag choline</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	IWILFIN	<i>eflornithine hcl</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	BOSULIF	<i>bosutinib</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	RIVFLOZA	<i>nedosiran sodium</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	REMOVE UM: COV	Coverage Delay	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	ZYMFENTRA	<i>infliximab-dyyb</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ZYMFENTRA (2 PENS)	<i>infliximab-dyyb</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	DEFENCATH	<i>taurolidine in heparin sodium, porcine</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ZORYVE	<i>roflumilast</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	SOVUNA	<i>hydroxychloroquine sulfate</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	DEFENCATH	<i>taurolidine in heparin sodium, porcine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	DEFENCATH	<i>taurolidine in heparin sodium, porcine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	<i>metronidazole</i>	<i>metronidazole</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	<i>bromfenac sodium</i>	<i>bromfenac sodium</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	EOHILIA	<i>budesonide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	EOHILIA	<i>budesonide</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	AGAMREE	<i>vamorolone</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	AGAMREE	<i>vamorolone</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	EOHILIA	<i>budesonide</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	EOHILIA	<i>budesonide</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	SOVUNA	<i>hydroxychloroquine sulfate</i>	ADD TO FORMULARY		Non-Preferred Brands
10/01/2024	SOVUNA	<i>hydroxychloroquine sulfate</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	SOVUNA	<i>hydroxychloroquine sulfate</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	SOVUNA	<i>hydroxychloroquine sulfate</i>	ADD UM: B4		High Cost Brands and Generics
10/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	TRUDHESA	<i>dihydroergotamine mesylate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2024	TRUDHESA	<i>dihydroergotamine mesylate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	UDENYCA ONBODY	<i>pegfilgrastim-cbqv</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ZYMFENTRA (2 SYRINGES)	<i>infliximab-dyyb</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ZITUVIO	<i>sitagliptin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	TRUDHESA	<i>dihydroergotamine mesylate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2024	TRUDHESA	<i>dihydroergotamine mesylate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	HUMIRA(CF) PEN	<i>adalimumab</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	HUMIRA(CF)	<i>adalimumab</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ALVAIZ	<i>eltrombopag choline</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	RIVFLOZA	<i>nedosiran sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ZYMFENTRA	<i>infliximab-dyyb</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ZYMFENTRA (2 PENS)	<i>infliximab-dyyb</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	ZORYVE	<i>roflumilast</i>	ADD UM: COV		Bucket 1 Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	ZILBRYSQ	<i>zilucoplan sodium</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
10/01/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	ADD UM: COV		Bucket 2 CTL 3 Drugs
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	ADD TO FORMULARY		Generics
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	ADD TO FORMULARY		Generics
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	ADD TO FORMULARY		Generics
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	ADD TO FORMULARY		Generics
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	ADD TO FORMULARY		Generics
10/01/2024	HUMULIN R	<i>insulin regular, human</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN R	<i>insulin regular, human</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG KWIKPEN U-200	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG KWIKPEN U-200	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG KWIKPEN U-200	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG KWIKPEN U-200	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG TEMPO PEN U-100	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	HUMALOG TEMPO PEN U-100	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMULIN 70/30 KWIKPEN	<i>insulin nph human isophane/insulin regular, human</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN 70/30 KWIKPEN	<i>insulin nph human isophane/insulin regular, human</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMULIN 70-30	<i>insulin nph human isophane/insulin regular, human</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN 70-30	<i>insulin nph human isophane/insulin regular, human</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG MIX 50-50	<i>insulin lispro protamine and insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG MIX 50-50	<i>insulin lispro protamine and insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMULIN N	<i>insulin nph human isophane</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN N	<i>insulin nph human isophane</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG JUNIOR KWIKPEN	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	HUMALOG JUNIOR KWIKPEN	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG MIX 75-25	<i>insulin lispro protamine and insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG MIX 75-25	<i>insulin lispro protamine and insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMULIN N KWIKPEN	<i>insulin nph human isophane</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN N KWIKPEN	<i>insulin nph human isophane</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	LYUMJEV KWIKPEN U-100	<i>insulin lispro-aabc</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	LYUMJEV KWIKPEN U-100	<i>insulin lispro-aabc</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG KWIKPEN U-100	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG KWIKPEN U-100	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG	<i>insulin lispro</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2024	HUMALOG	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	LYUMJEV KWIKPEN U-100	<i>insulin lispro-aabc</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	LYUMJEV KWIKPEN U-100	<i>insulin lispro-aabc</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG TEMPO PEN U-100	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	HUMALOG TEMPO PEN U-100	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG KWIKPEN U-100	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	LYUMJEV	<i>insulin lispro-aabc</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	LYUMJEV	<i>insulin lispro-aabc</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG MIX 75-25 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG MIX 75-25 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMULIN 70-30	<i>insulin nph human isophane/insulin regular, human</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN 70-30	<i>insulin nph human isophane/insulin regular, human</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMULIN N KWIKPEN	<i>insulin nph human isophane</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN N KWIKPEN	<i>insulin nph human isophane</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMULIN R	<i>insulin regular, human</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN R	<i>insulin regular, human</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	LYUMJEV TEMPO PEN U-100	<i>insulin lispro-aabc</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	LYUMJEV TEMPO PEN U-100	<i>insulin lispro-aabc</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	HUMALOG	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN N	<i>insulin nph human isophane</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN N	<i>insulin nph human isophane</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG MIX 50-50 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG MIX 50-50 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG MIX 50-50 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG MIX 50-50 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG JUNIOR KWIKPEN	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG JUNIOR KWIKPEN	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	LYUMJEV KWIKPEN U-200	<i>insulin lispro-aabc</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	LYUMJEV KWIKPEN U-200	<i>insulin lispro-aabc</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG MIX 75-25 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	HUMALOG MIX 75-25 KWIKPEN	<i>insulin lispro protamine and insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	LYUMJEV TEMPO PEN U-100	<i>insulin lispro-aabc</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	LYUMJEV TEMPO PEN U-100	<i>insulin lispro-aabc</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMALOG KWIKPEN U-100	<i>insulin lispro</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMALOG KWIKPEN U-100	<i>insulin lispro</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	LYUMJEV KWIKPEN U-200	<i>insulin lispro-aabc</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	LYUMJEV KWIKPEN U-200	<i>insulin lispro-aabc</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMULIN 70/30 KWIKPEN	<i>insulin nph human isophane/insulin regular, human</i>	ADD TO FORMULARY		Preferred Brands
10/01/2024	HUMULIN 70/30 KWIKPEN	<i>insulin nph human isophane/insulin regular, human</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	HUMULIN R	<i>insulin regular, human</i>	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2024	HUMULIN R	<i>insulin regular, human</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	WAINUA	<i>eplontersen sodium</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>alosetron hcl</i>	<i>alosetron hcl</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>silodosin</i>	<i>silodosin</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
10/01/2024	EOHILIA	<i>budesonide</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	EOHILIA	<i>budesonide</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/01/2024	EOHILIA	<i>budesonide</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: PANAME		PA Applies
10/01/2024	NALFON	<i>fenoprofen calcium</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2024	NALFON	<i>fenoprofen calcium</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/01/2024	NALFON	<i>fenoprofen calcium</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	COMPLETENAT E	<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	COMPLETENAT E	<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>	ADD UM: B3		All Other
10/01/2024	VITAMEDMD ONE RX	<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	VITAMEDMD ONE RX	<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>	ADD UM: B3		All Other
10/01/2024	VITAPEARL	<i>prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	VITAPEARL	<i>prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha</i>	ADD UM: B3		All Other
10/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>desonide</i>	<i>desonide</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>disulfiram</i>	<i>disulfiram</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>flurandrenolide</i>	<i>flurandrenolide</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>flurandrenolide</i>	<i>flurandrenolide</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>disulfiram</i>	<i>disulfiram</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>ergotamine-caffeine</i>	<i>ergotamine tartrate/caffeine</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	REMOVE FROM FORMULARY	Generics	Non-Formulary
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/01/2024	ESTROGEL	<i>estradiol</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
10/01/2024	ESTROGEL	<i>estradiol</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/01/2024	RECTIV	<i>nitroglycerin</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2024	RECTIV	<i>nitroglycerin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>digoxin</i>	<i>digoxin</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	XATMEP	<i>methotrexate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Applies
10/01/2024	ZYVOX	<i>linezolid</i>	ADD UM: PANAME		PA Applies
10/01/2024	XATMEP	<i>methotrexate</i>	ADD UM: PANAME		PA Applies
10/01/2024	ZYVOX	<i>linezolid</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>digoxin</i>	<i>digoxin</i>	ADD UM: PANAME		PA Applies
10/01/2024	SYNDROS	<i>dronabinol</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>digoxin</i>	<i>digoxin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Applies
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	KATERZIA	<i>amlodipine benzoate</i>	ADD UM: PANAME		PA Applies
10/01/2024	SOTYLIZE	<i>sotalol hcl</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: PANAME		PA Applies
10/01/2024	ASPRUZYO SPRINKLE	<i>ranolazine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	ADLARITY	<i>donepezil hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	ADLARITY	<i>donepezil hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	CARAFATE	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	QBRELIS	<i>lisinopril</i>	ADD UM: PANAME		PA Applies
10/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: PANAME		PA Applies
10/01/2024	SOTYLIZE	<i>sotalol hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	RIOMET	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	RIOMET	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	DIURIL	<i>chlorothiazide</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	LIKMEZ	<i>metronidazole</i>	ADD UM: PANAME		PA Applies
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: PANAME		PA Applies
10/01/2024	ASPRUZYO SPRINKLE	<i>ranolazine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	RIOMET	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	RIOMET	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	EXSERVAN	<i>riluzole</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PANAME		PA Applies
10/01/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: PANAME		PA Applies
10/01/2024	JYLAMVO	<i>methotrexate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	DARTISLA	<i>glycopyrrolate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	ADLARITY	<i>donepezil hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	ADLARITY	<i>donepezil hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: PANAME		PA Applies
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PANAME		PA Applies

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: PANAME		PA Applies
10/01/2024	CUVPOSA	<i>glycopyrrolate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	TIGLUTIK	<i>riluzole</i>	ADD UM: PANAME		PA Applies
10/01/2024	NORLIQVA	<i>amlodipine besylate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	EPANED	<i>enalapril maleate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	INDOCIN	<i>indomethacin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	ADD TO FORMULARY		Non-Preferred Brands
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: PANAME		PA Applies
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: CS		Core Specialty
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	ADD TO FORMULARY		Non-Preferred Brands
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	ADD UM: PANAME		PA Applies
10/01/2024	FILSUVEZ	<i>birch bark extract</i>	REMOVE UM: COV	Coverage Delay	
10/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD UM: PANAME		PA Applies
10/01/2024	COAGADEX	<i>coagulation factor x</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	RIASTAP	<i>fibrinogen</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	FIBRYGA	<i>fibrinogen</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	COAGADEX	<i>coagulation factor x</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	FIBRYGA	<i>fibrinogen</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	RIASTAP	<i>fibrinogen</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	COAGADEX	<i>coagulation factor x</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	COAGADEX	<i>coagulation factor x</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	XERMELO	<i>telotristat etiprate</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	XERMELO	<i>telotristat etiprate</i>	REMOVE UM: MAXQTYPERDAY	3 per day	
10/01/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	REMOVE UM: PANAME	PA APPLIES	
10/01/2024	RELYVRIO	<i>sodium phenylbutyrate/taurursodiol</i>	REMOVE UM: MAXQTYPERDAY	2 per day	
10/01/2024	<i>insulin glargine max solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: MAXQTYPERDAY		3.334 per day
10/01/2024	<i>insulin glargine solostar</i>	<i>insulin glargine, human recombinant analog</i>	ADD UM: MAXQTYPERDAY		3.334 per day
10/01/2024	EOHILIA	<i>budesonide</i>	ADD UM: MAXQTYPERDAY		20.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2024	ADLARITY	<i>donepezil hcl</i>	ADD UM: MAXQTYPERDAY		0.143 per day
10/01/2024	ADLARITY	<i>donepezil hcl</i>	ADD UM: MAXQTYPERDAY		0.143 per day
10/01/2024	ADLARITY	<i>donepezil hcl</i>	ADD UM: MAXQTYPERDAY		0.143 per day
10/01/2024	ADLARITY	<i>donepezil hcl</i>	ADD UM: MAXQTYPERDAY		0.143 per day
10/01/2024	NORLIQVA	<i>amlodipine besylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2024	KATERZIA	<i>amlodipine benzoate</i>	ADD UM: MAXQTYPERDAY		10.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: MAXQTYPERDAY		15.0 per day
10/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: MAXQTYPERDAY		15.0 per day
10/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: MAXQTYPERDAY		15.0 per day
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: MAXQTYPERDAY		15.0 per day
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: MAXQTYPERDAY		15.0 per day
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: MAXQTYPERDAY		15.0 per day
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	ADD UM: MAXQTYPERDAY		15.0 per day
10/01/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: MAXQTYPERDAY		160.0 per day
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2024	ASPRUZYO SPRINKLE	<i>ranolazine</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2024	ASPRUZYO SPRINKLE	<i>ranolazine</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2024	EXSERVAN	<i>riluzole</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: MAXQTYPERDAY		20.0 per day
10/01/2024	TIGLUTIK	<i>riluzole</i>	ADD UM: MAXQTYPERDAY		20.0 per day
10/01/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: MAXQTYPERDAY		20.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	RIOMET	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	RIOMET	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	RIOMET	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	RIOMET	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	INDOCIN	<i>indomethacin</i>	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2024	DARTISLA	<i>glycopyrrolate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: MAXQTYPERDAY		4.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	LIKMEZ	<i>metronidazole</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	QBRELIS	<i>lisinopril</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	DIURIL	<i>chlorothiazide</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	EPANED	<i>enalapril maleate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	CARAFATE	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: MAXQTYPERDAY		45.0 per day
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: MAXQTYPERDAY		45.0 per day
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: MAXQTYPERDAY		45.0 per day
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: MAXQTYPERDAY		45.0 per day
10/01/2024	CUVPOSA	<i>glycopyrrolate</i>	ADD UM: MAXQTYPERDAY		45.0 per day
10/01/2024	JYLAMVO	<i>methotrexate</i>	ADD UM: MAXQTYPERDAY		6.43 per day
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: MAXQTYPERDAY		60.0 per day
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: MAXQTYPERDAY		60.0 per day
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: MAXQTYPERDAY		60.0 per day
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: MAXQTYPERDAY		60.0 per day
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: MAXQTYPERDAY		60.0 per day
10/01/2024	SOTYLIZE	<i>sotalol hcl</i>	ADD UM: MAXQTYPERDAY		64.0 per day
10/01/2024	SOTYLIZE	<i>sotalol hcl</i>	ADD UM: MAXQTYPERDAY		64.0 per day
10/01/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: MAXQTYPERDAY		75.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	ZUBSOLV	<i>buprenorphine hcl/naloxone hcl</i>	CHANGE UM: MAXQTYPERDAY	2 per day	1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	FOLLISTIM AQ	<i>follitropin beta, recombinant</i>	CHANGE UM: MAXQTYPERDAY	0.21 per day	0.18 per day
10/01/2024	FOLLISTIM AQ	<i>follitropin beta, recombinant</i>	CHANGE UM: MAXQTYPERDAY	0.208 per day	0.192 per day
10/01/2024	FOLLISTIM AQ	<i>follitropin beta, recombinant</i>	CHANGE UM: MAXQTYPERDAY	0.195 per day	0.18 per day
10/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	SIMLANDI(CF) AUTOINJECTOR	<i>adalimumab-ryvk</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
10/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: MAXQTYPERDAY		15.0 per day
10/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: PANAME		PA Applies
10/01/2024	CAROSPIR	<i>spironolactone</i>	ADD UM: COV		Non Formulary
10/01/2024	EXSERVAN	<i>riluzole</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2024	EXSERVAN	<i>riluzole</i>	ADD UM: PANAME		PA Applies
10/01/2024	TIGLUTIK	<i>riluzole</i>	CHANGE UM: MAXQTYPERDAY		20.0 per day
10/01/2024	TIGLUTIK	<i>riluzole</i>	CHANGE UM: PANAME		PA Applies
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: PANAME		PA Applies

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	CAROSPIR	<i>spironolactone</i>	REMOVE UM: B4	High Cost Brands and Generics	
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: PANAME		PA Applies
10/01/2024	<i>dexlansoprazole dr</i>	<i>dexlansoprazole</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>omeprazole,prilos ec</i>	<i>omeprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>omeprazole- sodium bicarbonate,zege rid</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>aciphex,rabepraz ole sodium</i>	<i>rabeprazole sodium</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>esomeprazole magnesium,nexiu m</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>lansoprazole,prev acid</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>omeprazole,prilos ec</i>	<i>omeprazole</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>omeprazole-sodium bicarbonate,zege rid</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium,nexium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole,prev acid</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>omeprazole,prilos ec</i>	<i>omeprazole</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>dexilant,dexlansoprazole dr,kapidex</i>	<i>dexlansoprazole</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>pantoprazole sodium,protonix</i>	<i>pantoprazole sodium</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>dexilant,dexlansoprazole dr,kapidex</i>	<i>dexlansoprazole</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>pantoprazole sodium,protonix</i>	<i>pantoprazole sodium</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>lansoprazole,prev acid</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole,prev acid</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>omeppi,omeprazole-sodium bicarbonate,zege rid</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium,nexium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>pantoprazole sodium,protonix</i>	<i>pantoprazole sodium</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>esomeprazole magnesium,nexium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>omeppi,omeprazole-sodium bicarbonate,zege rid</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium,nexium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	CHANGE UM: MAXQTYPERDAY		2.0 per day
10/01/2024	PREVACID	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	ZEGERID	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	IMVEXXY	<i>estradiol</i>	ADD UM: QUANTITY		max 18 / 180 days
10/01/2024	IMVEXXY	<i>estradiol</i>	REMOVE UM: MAXQTYPERDAY	0.643 per day	
10/01/2024	IMVEXXY	<i>estradiol</i>	ADD UM: QUANTITY		max 18 / 180 days

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	IMVEXXY	<i>estradiol</i>	REMOVE UM: MAXQTYPERDAY	0.643 per day	
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>teriparatide</i>	<i>teriparatide</i>	CHANGE UM: MAXQTYPERDAY	0.086 per day	0.089 per day
10/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE UM: MAXQTYPERDAY	8.0 per day	
10/01/2024	LAGEVRIO (EUA)	<i>molnupiravir</i>	REMOVE UM: MAXQTYPERDAY	8.0 per day	
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	PREVACID 24HR	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	PREVACID 24HR	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	PREVACID 24HR	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		26.0 per day
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>disulfiram</i>	<i>disulfiram</i>	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2024	<i>disulfiram</i>	<i>disulfiram</i>	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: MAXQTYPERDAY		20.0 per day
10/01/2024	TEGLUTIK	<i>riluzole</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: FI1		Rx90 List

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: FI1		Rx90 List
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
10/01/2024	<i>sitagliptin</i>	<i>sitagliptin</i>	ADD UM: FI1		Rx90 List
10/01/2024	TYENNE AUTOINJECTOR	<i>tocilizumab-aazg</i>	ADD UM: PANAME		PA Applies
10/01/2024	TYENNE	<i>tocilizumab-aazg</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: MAXQTYPERDAY		0.072 per day
10/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: PANAME		PA Applies
10/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: MAXQTYPERDAY		0.072 per day
10/01/2024	HULIO(CF)	<i>adalimumab-fkjp</i>	ADD UM: PANAME		PA Applies
10/01/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	ADD UM: MAXQTYPERDAY		0.072 per day
10/01/2024	HULIO(CF) PEN	<i>adalimumab-fkjp</i>	ADD UM: PANAME		PA Applies

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: MAXQTYPERDAY		0.072 per day
10/01/2024	<i>adalimumab-fkjp(cf)</i>	<i>adalimumab-fkjp</i>	ADD UM: PANAME		PA Applies
10/01/2024	<i>adalimumab-fkjp(cf) pen</i>	<i>adalimumab-fkjp</i>	ADD UM: MAXQTYPERDAY		0.072 per day
10/01/2024	<i>adalimumab-fkjp(cf) pen</i>	<i>adalimumab-fkjp</i>	ADD UM: PANAME		PA Applies
10/01/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: MAXQTYPERDAY		0.86 per day
10/01/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: MAXQTYPERDAY		0.86 per day
10/01/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: MAXQTYPERDAY		0.86 per day
10/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
10/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
10/01/2024	RYKINDO	<i>risperidone microspheres</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
10/01/2024	<i>ampicillin-sulbactam</i>	<i>ampicillin sodium/sulbactam sodium</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
10/01/2024	NYMALIZE	<i>nimodipine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>furosemide</i>	<i>furosemide</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	KATERZIA	<i>amlodipine benzoate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	SOTYLIZE	<i>sotalol hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	ASPRUZYO SPRINKLE	<i>ranolazine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	ADLARITY	<i>donepezil hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	CAROSPIR	<i>spironolactone</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>digoxin</i>	<i>digoxin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	ADLARITY	<i>donepezil hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>digoxin</i>	<i>digoxin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	CARAFATE	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	QBRELIS	<i>lisinopril</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	CAROSPIR	<i>spironolactone</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	SOTYLIZE	<i>sotalol hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	CAROSPIR	<i>spironolactone</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	RIOMET	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	RIOMET	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	ZYVOX	<i>linezolid</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	DIURIL	<i>chlorothiazide</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	ZYVOX	<i>linezolid</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	LIKMEZ	<i>metronidazole</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	NYMALIZE	<i>nimodipine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	ASPRUZYO SPRINKLE	<i>ranolazine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	RIOMET	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	RIOMET	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	EXSERVAN	<i>riluzole</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	TEGLUTIK	<i>riluzole</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	SYNDROS	<i>dronabinol</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	TEGLUTIK	<i>riluzole</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	TEGLUTIK	<i>riluzole</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	JYLAMVO	<i>methotrexate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	DARTISLA	<i>glycopyrrolate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	ADLARITY	<i>donepezil hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	ADLARITY	<i>donepezil hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	NYMALIZE	<i>nimodipine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	NYMALIZE	<i>nimodipine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>digoxin</i>	<i>digoxin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	NYMALIZE	<i>nimodipine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	CUVPOSA	<i>glycopyrrolate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	XATMEP	<i>methotrexate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	TIGLUTIK	<i>riluzole</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	NORLIQVA	<i>amlodipine besylate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	XATMEP	<i>methotrexate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>spironolactone</i>	<i>spironolactone</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	EPANED	<i>enalapril maleate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	INDOCIN	<i>indomethacin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>linezolid</i>	<i>linezolid</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	CAROSPIR	<i>spironolactone</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: PANAME		PA Required for those 12 and older
10/01/2024	EXSERVAN	<i>riluzole</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>indomethacin</i>	<i>indomethacin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>memantine hcl</i>	<i>memantine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	TIGLUTIK	<i>riluzole</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	REMOVE UM: COV	Bucket 1 Non Covered Drugs	
10/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	OMVOH	<i>mirikizumab-mrkz</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	OMVOH PEN	<i>mirikizumab-mrkz</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 12 and older
10/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
10/01/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Required for those 12 and older
10/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: MAXQTYPERDAY		0.036 per day
10/01/2024	<i>adalimumab-aacf(cf)</i>	<i>adalimumab-aacf</i>	ADD UM: PANAME		PA Applies
10/01/2024	ALTRENO	<i>tretinoin</i>	CHANGE UM: PANAME	PA Applies	PA Required for those 40 and older
10/01/2024	<i>enalapril maleate</i>	<i>enalapril maleate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/01/2024	<i>sucralfate</i>	<i>sucralfate</i>	ADD UM: PANAME		PA Applies
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: MAXQTYPERDAY		60.0 per day
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: PANAME		PA Required for those 12 and older
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: MAXQTYPERDAY		60.0 per day
10/01/2024	NYMALIZE	<i>nimodipine</i>	ADD UM: PANAME		PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	CHANGE UM: MAXQTYPERDAY	1.0 per day	2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD TO FORMULARY		Generics
10/01/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	ADD TO FORMULARY		Generics
10/01/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	ADD TO FORMULARY		Generics
10/01/2024	<i>cyanocobalamin injection</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Generics
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: FI1		Rx90 List
10/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: B3		Ulcer Drugs, PPI
10/01/2024	ZOVIA 1-35	<i>ethynodiol diacetate-ethinyl estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>vancomycin hcl-d5w</i>	<i>vancomycin in 5 % dextrose in water</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>phytobase</i>	<i>cream base no. 109</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	XIPERE	<i>triamcinolone acetonide/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	XIPERE	<i>triamcinolone acetonide/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>methylprednisolone sodium succ</i>	<i>methylprednisolone sodium succinate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>phytobase</i>	<i>cream base no.109</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>polyoxyl 40 stearate</i>	<i>polyoxyl 40 stearate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	OTEZLA	<i>apremilast</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>oxycodone hydrochloride</i>	<i>oxycodone hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>diatrizoate meglumine-sodium</i>	<i>diatrizoate meglumine/diatrizoate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	GLEEVEC	<i>imatinib mesylate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	<i>methylprednisolone sodium succ</i>	<i>methylprednisolone sodium succinate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	<i>vasopressin-0.9% nacl</i>	<i>vasopressin in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	<i>diatrizoate meglumine-sodium</i>	<i>diatrizoate meglumine/diatrizoate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	XIPERE	<i>triamcinolone acetonide/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	XIPERE	<i>triamcinolone acetonide/pf</i>	ADD UM: SPECIALTY		Specialty Drug
10/01/2024	XIPERE	<i>triamcinolone acetonide/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/01/2024	XIPERE	<i>triamcinolone acetonide/pf</i>	ADD UM: SPECIALTY		Specialty Drug
10/01/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/01/2024	OTEZLA	<i>apremilast</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/01/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	ZOVIA 1-35	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
10/01/2024	ZOVIA 1-35	<i>ethynodiol diacetate-ethinyl estradiol</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/01/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: PANAME		PA Applies
10/01/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/01/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
10/01/2024	GLEEVEC	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
10/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/01/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List
10/01/2024	<i>vancomycin hcl-d5w</i>	<i>vancomycin in 5 % dextrose in water</i>	ADD UM: COV		Non FDA Approved Drugs
10/01/2024	<i>phytobase</i>	<i>cream base no. 109</i>	ADD UM: COV		Non FDA Approved Drugs
10/01/2024	<i>phytobase</i>	<i>cream base no. 109</i>	ADD UM: COV		Non FDA Approved Drugs
10/01/2024	<i>polyoxyl 40 stearate</i>	<i>polyoxyl 40 stearate</i>	ADD UM: COV		Non FDA Approved Drugs
10/01/2024	<i>oxycodone hydrochloride</i>	<i>oxycodone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
10/01/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: COV		Coverage Delay
10/01/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: COV		Coverage Delay
10/01/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: COV		Coverage Delay
10/01/2024	EBGLYSS PEN	<i>lebrikizumab-lbkz</i>	ADD UM: COV		Coverage Delay
10/01/2024	BEQVEZ	<i>fidanacogene elaparvovec-dzkt</i>	ADD UM: CS		Core Specialty
10/01/2024	<i>adapalene</i>	<i>adapalene</i>	ADD UM: DRUGCLASS		Acne Products
10/01/2024	RIASTAP	<i>fibrinogen</i>	REMOVE UM: DRUGCLASS	Blood/Blood Products	
10/01/2024	FIBRYGA	<i>fibrinogen</i>	REMOVE UM: DRUGCLASS	Blood/Blood Products	
10/01/2024	FIBRYGA	<i>fibrinogen</i>	REMOVE UM: DRUGCLASS	Blood/Blood Products	
10/01/2024	RIASTAP	<i>fibrinogen</i>	REMOVE UM: DRUGCLASS	Blood/Blood Products	
10/01/2024	QUIT 2	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/01/2024	QUIT 2	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/01/2024	QUIT 2	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/01/2024	QUIT 4	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/01/2024	QUIT 4	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/01/2024	QUIT 4	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	QUIT 2	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/01/2024	QUIT 2	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/01/2024	QUIT 2	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/01/2024	QUIT 4	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/01/2024	QUIT 4	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/01/2024	QUIT 4	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/01/2024	<i>cyanocobalamin injection</i>	<i>cyanocobalamin (vitamin b-12)</i>	CHANGE TIER	Generics	Preferred Generics
10/02/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: SPECIALTY		Specialty Drug
10/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
10/02/2024	PROLIA	<i>denosumab</i>	ADD UM: SPECIALTY		Specialty Drug
10/02/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug
10/02/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: SPECIALTY		Specialty Drug
10/02/2024	<i>epoprostenol sodium</i>	<i>epoprostenol sodium</i>	ADD UM: SPECIALTY		Specialty Drug
10/02/2024	TREMFYA	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug
10/02/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: SPECIALTY		Specialty Drug
10/02/2024	TREMFYA	<i>guselkumab</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/02/2024	<i>epoprostenol sodium</i>	<i>epoprostenol sodium</i>	ADD UM: SPECIALTY		Specialty Drug
10/02/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: CS		Core Specialty
10/02/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
10/02/2024	PROLIA	<i>denosumab</i>	ADD UM: CS		Core Specialty
10/02/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: CS		Core Specialty
10/02/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
10/02/2024	<i>epoprostenol sodium</i>	<i>epoprostenol sodium</i>	ADD UM: CS		Core Specialty
10/02/2024	TREMFYA	<i>guselkumab</i>	ADD UM: CS		Core Specialty
10/02/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: CS		Core Specialty
10/02/2024	TREMFYA	<i>guselkumab</i>	ADD UM: CS		Core Specialty
10/02/2024	<i>epoprostenol sodium</i>	<i>epoprostenol sodium</i>	ADD UM: CS		Core Specialty
10/02/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: COV		Coverage Delay
10/02/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: COV		Coverage Delay
10/02/2024	TREMFYA PEN	<i>guselkumab</i>	ADD UM: COV		Coverage Delay
10/02/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: COV		Coverage Delay
10/02/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: COV		Coverage Delay
10/02/2024	AQNEURSA	<i>levacetylleucine</i>	ADD UM: COV		Coverage Delay
10/02/2024	OCREVUS ZUNOVO	<i>ocrelizumab-hyaluronidase-ocsq</i>	ADD UM: COV		Coverage Delay
10/02/2024	TREMFYA	<i>guselkumab</i>	ADD UM: COV		Coverage Delay
10/04/2024	<i>folic acid</i>	<i>folic acid</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>fenofibrate</i>	<i>fenofibrate, micronized</i>	ADD TO FORMULARY		Preferred Generics
10/04/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
10/04/2024	<i>ketoconazole</i>	<i>ketoconazole</i>	ADD TO FORMULARY		Preferred Generics
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD TO FORMULARY		Preferred Generics
10/04/2024	<i>fenofibrate</i>	<i>fenofibrate, micronized</i>	ADD TO FORMULARY		Preferred Generics
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD TO FORMULARY		Preferred Generics
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD TO FORMULARY		Preferred Generics
10/04/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>atorvastatin calcium</i>	<i>atorvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>fenofibrate</i>	<i>fenofibrate, micronized</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>fenofibrate</i>	<i>fenofibrate, micronized</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>fenofibrate</i>	<i>fenofibrate, micronized</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>fenofibrate</i>	<i>fenofibrate, micronized</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: QPBU		HCRFA Folic Acid
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>clindamycin-benzoyl peroxide</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>butalbital-acetaminophen</i>	<i>butalbital/acetaminophen</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>sumatriptan succinate</i>	<i>sumatriptan succinate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>fenofibrate</i>	<i>fenofibrate, micronized</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>oxcarbazepine er</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>oxcarbazepine er</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>sumatriptan succinate</i>	<i>sumatriptan succinate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>oxcarbazepine er</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>ammonium lactate</i>	<i>ammonium lactate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD TO FORMULARY		Generics
10/04/2024	<i>ammonium lactate</i>	<i>ammonium lactate</i>	ADD UM: B3		All Other
10/04/2024	<i>butalbital-acetaminophen</i>	<i>butalbital/acetaminophen</i>	ADD UM: MAXQTYPERDAY		6.0 per day
10/04/2024	<i>butalbital-acetaminophen</i>	<i>butalbital/acetaminophen</i>	ADD UM: B4		High Cost Brands and Generics
10/04/2024	<i>clindamycin-benzoyl peroxide</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>clindamycin-benzoyl peroxide</i>	<i>clindamycin phosphate/benzoyl peroxide</i>	ADD UM: B4		High Cost Brands and Generics
10/04/2024	<i>fenofibrate</i>	<i>fenofibrate,micronized</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>fenofibrate</i>	<i>fenofibrate,micronized</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	ADD UM: DRUGCLASS		Acne Products
10/04/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
10/04/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: PANAME		PA Applies
10/04/2024	<i>sumatriptan succinate</i>	<i>sumatriptan succinate</i>	ADD UM: MAXQTYPERDAY		0.167 per day
10/04/2024	<i>sumatriptan succinate</i>	<i>sumatriptan succinate</i>	ADD UM: MAXQTYPERDAY		0.167 per day
10/04/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
10/04/2024	<i>theophylline er</i>	<i>theophylline anhydrous</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD TO FORMULARY		Preferred Brands
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD TO FORMULARY		Preferred Brands
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,disposable,insulin 1 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: DRUGCLASS		Insulin Syringes
10/04/2024	<i>insulin syringe</i>	<i>syringe with needle,insulin,0.5 ml</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/04/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD TO FORMULARY		Non-Preferred Brands
10/04/2024	<i>spinosad</i>	<i>spinosad</i>	ADD TO FORMULARY		Non-Preferred Brands
10/04/2024	ARMOUR THYROID	<i>thyroid,pork</i>	ADD TO FORMULARY		Non-Preferred Brands
10/04/2024	ZOMIG	<i>zolmitriptan</i>	ADD TO FORMULARY		Non-Preferred Brands
10/04/2024	DOLOBID	<i>diflunisal</i>	ADD TO FORMULARY		Non-Preferred Brands
10/04/2024	ARMOUR THYROID	<i>thyroid,pork</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
10/04/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day
10/04/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>zolmitriptan</i>	<i>zolmitriptan</i>	ADD UM: STEP		ST applies
10/04/2024	ZOMIG	<i>zolmitriptan</i>	ADD UM: MAXQTYPERDAY		0.4 per day
10/04/2024	ZOMIG	<i>zolmitriptan</i>	ADD UM: B4		High Cost Brands and Generics
10/04/2024	ZOMIG	<i>zolmitriptan</i>	ADD UM: STEP		ST applies
10/04/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/04/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/04/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: QUANTITY		max 2 / 56 days
10/04/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: PANAME		PA Applies
10/04/2024	BIMZELX AUTOINJECTOR	<i>bimekizumab-bkzx</i>	ADD UM: SDS		Y
10/04/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: QUANTITY		max 2 / 56 days
10/04/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: PANAME		PA Applies
10/04/2024	BIMZELX	<i>bimekizumab-bkzx</i>	ADD UM: SDS		Y
10/04/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	CLINIMIX E	<i>amino acids 4.25 %/calcium/electrolyte-tpn soln/dextrose 10%</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	CLINIMIX E	<i>amino acids 2.75 %/calcium/electrolyte-tpn soln/d5w</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>nalbuphine hcl</i>	<i>nalbuphine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>nalbuphine hcl</i>	<i>nalbuphine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	CLINIMIX E	<i>amino acids 5 %/calcium/electrolyte-tpn soln/dextrose 20 %</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>nalbuphine hcl</i>	<i>nalbuphine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	CLINIMIX E	<i>amino acids 5 %/dextrose 15 %/electrolytes</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	PROLIA	<i>denosumab</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>nalbuphine hcl</i>	<i>nalbuphine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	CLINIMIX E	<i>amino acid 4.25 % comb no.1/dextrose 5 %/electrolytes no.39</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	CLINIMIX E	<i>amino acid 4.25 % comb no.1/dextrose 5 %/electrolytes no.39</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>nalbuphine hcl</i>	<i>nalbuphine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	CLINIMIX E	<i>amino acids 5 %/dextrose 15 %/electrolytes</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	CLINIMIX E	<i>amino acids 4.25 %/calcium/electrolyte-tpn soln/dextrose 10%</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>nalbuphine hcl</i>	<i>nalbuphine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>nalbuphine hcl</i>	<i>nalbuphine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>nicardipine hcl</i>	<i>nicardipine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>nalbuphine hcl</i>	<i>nalbuphine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>caspofungin acetate</i>	<i>caspofungin acetate</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>epoprostenol sodium</i>	<i>epoprostenol sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	CLINIMIX	<i>amino acids 5 %/dextrose 15 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	CLINIMIX	<i>amino acids 5 %/dextrose 15 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	CLINIMIX E	<i>amino acids 5 %/calcium/electrolyte-tpn soln/dextrose 20 %</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	<i>epoprostenol sodium</i>	<i>epoprostenol sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/04/2024	PROLIA	<i>denosumab</i>	ADD UM: QUANTITY		max 1 / 180 days
10/04/2024	PROLIA	<i>denosumab</i>	ADD UM: PANAME		PA Applies
10/04/2024	PROLIA	<i>denosumab</i>	ADD UM: SDS		Y
10/04/2024	PROLIA	<i>denosumab</i>	ADD UM: MED		Medical Drug
10/04/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/04/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/04/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/04/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
10/04/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>potassium chloride</i>	<i>potassium chloride</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	TRAVATAN Z	<i>travoprost</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/04/2024	MAXITROL	<i>neomycin/polymyxin b sulfate/dexamethasone</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/04/2024	TRAVATAN Z	<i>travoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
10/04/2024	TRAVATAN Z	<i>travoprost</i>	ADD UM: FI1		Rx90 List
10/04/2024	<i>stevia extract tsg95 reb a90</i>	<i>rebaudioside a</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	<i>stevia extract tsg95 reb a90</i>	<i>rebaudioside a</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	<i>stevia extract tsg95 reb a90</i>	<i>rebaudioside a</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	<i>stevia extract tsg95 reb a90</i>	<i>rebaudioside a</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	<i>ketamine hcl-0.9% nacl</i>	<i>ketamine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	FOLAPRIME	<i>multivit with min no.83/iron bis-glycinate/folate no.10</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	GELCLAIR	<i>potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic</i>	ADD UM: COV		Non FDA Approved Drugs
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	REMOVE UM: COV	Coverage Delay	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	REMOVE UM: COV	Coverage Delay	
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	REMOVE UM: COV	Coverage Delay	
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	REMOVE UM: COV	Coverage Delay	
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	REMOVE UM: COV	Coverage Delay	
10/04/2024	<i>dasatinib</i>	<i>dasatinib</i>	REMOVE UM: COV	Coverage Delay	
10/04/2024	DOLOBID	<i>diflunisal</i>	ADD UM: B4		High Cost Brands and Generics
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	<i>lisdexamfetamine dimesylate</i>	<i>lisdexamfetamine dimesylate</i>	CHANGE UM: DRUGCLASS	Acne Products	ADD Drugs
10/04/2024	ZYPREXA	<i>olanzapine</i>	REMOVE FROM FORMULARY		Non-Formulary
10/04/2024	ZYPREXA	<i>olanzapine</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2024	ZYPREXA	<i>olanzapine</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/04/2024	ZYPREXA	<i>olanzapine</i>	ADD UM: FI1		Rx90 List
10/04/2024	ZYPREXA	<i>olanzapine</i>	ADD UM: STEP		ST applies
10/09/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	TRUQAP	<i>capivasertib</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	TRUQAP	<i>capivasertib</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	LUMRYZ STARTER PACK	<i>sodium oxybate</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/09/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: SPECIALTY		Specialty Drug
10/09/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
10/09/2024	TRUQAP	<i>capivasertib</i>	ADD UM: CS		Core Specialty
10/09/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
10/09/2024	TRUQAP	<i>capivasertib</i>	ADD UM: CS		Core Specialty
10/09/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: CS		Core Specialty
10/09/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: CS		Core Specialty
10/09/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: CS		Core Specialty
10/09/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
10/09/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: CS		Core Specialty
10/09/2024	LUMRYZ STARTER PACK	<i>sodium oxybate</i>	ADD UM: CS		Core Specialty
10/09/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: CS		Core Specialty
10/09/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: CS		Core Specialty
10/09/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: CS		Core Specialty
10/09/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: COV		Coverage Delay
10/09/2024	COBENFY STARTER PACK	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: COV		Coverage Delay
10/09/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/09/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: COV		Coverage Delay
10/09/2024	FLUZONE QUAD SOUTHERN HEM 2024	<i>influenza virus vacc quad 2024 south hem (6 mos and up)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
10/09/2024	FLUZONE QUAD SOUTHERN HEM 2024	<i>influenza virus vacc quad 2024 south hem (6 months and up)</i>	ADD UM: DRUGCLASS		Vaccine Network
10/09/2024	FLUZONE QUAD SOUTHERN HEM 2024	<i>influenza virus vacc quad 2024 south hem (6 mos and up)/pf</i>	ADD UM: DRUGCLASS		Vaccine Network
10/09/2024	FLUZONE QUAD SOUTHERN HEM 2024	<i>influenza virus vacc quad 2024 south hem (6 months and up)</i>	ADD UM: DRUGCLASS		Vaccine Network
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>primidone</i>	<i>primidone</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>primidone</i>	<i>primidone</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD TO FORMULARY		Preferred Generics
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>doxazosin mesylate</i>	<i>doxazosin mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>primidone</i>	<i>primidone</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
10/11/2024	<i>primidone</i>	<i>primidone</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>phenoxybenzamine hcl</i>	<i>phenoxybenzamine hcl</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>doxycycline ir-dr</i>	<i>doxycycline monohydrate</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>primidone</i>	<i>primidone</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>oxcarbazepine</i>	<i>oxcarbazepine</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>sulfadiazine</i>	<i>sulfadiazine</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>bepotastine besilate</i>	<i>bepotastine besilate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>nystatin</i>	<i>nystatin</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>bepotastine besilate</i>	<i>bepotastine besilate</i>	ADD TO FORMULARY		Generics
10/11/2024	<i>bepotastine besilate</i>	<i>bepotastine besilate</i>	ADD UM: B3		All Other
10/11/2024	<i>bepotastine besilate</i>	<i>bepotastine besilate</i>	ADD UM: B3		All Other
10/11/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: PANAME		PA Applies
10/11/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: PANAME		PA Applies
10/11/2024	<i>capecitabine</i>	<i>capecitabine</i>	ADD UM: PANAME		PA Applies
10/11/2024	<i>phenoxybenzamine hcl</i>	<i>phenoxybenzamine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>primidone</i>	<i>primidone</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
10/11/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/11/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: QUANTITY		max 56 days / fill
10/11/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SDS		Y
10/11/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill
10/11/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: SDS		Y
10/11/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: QUANTITY		max 56 days / fill
10/11/2024	<i>tobramycin</i>	<i>tobramycin</i>	ADD UM: SDS		Y
10/11/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: QUANTITY		max 56 days / fill
10/11/2024	<i>tobramycin</i>	<i>tobramycin in 0.225 % sodium chloride</i>	ADD UM: SDS		Y
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD TO FORMULARY		Preferred Brands
10/11/2024	<i>safetyglide needle</i>	<i>needles, safety</i>	ADD TO FORMULARY		Preferred Brands
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD TO FORMULARY		Preferred Brands
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: PANAME		PA Applies
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: PANAME		PA Applies
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: CS		Core Specialty
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: SPECIALTY		Specialty Drug
10/11/2024	RUBRACA	<i>rucaparib camsylate</i>	ADD UM: CS		Core Specialty
10/11/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
10/11/2024	TRUQAP	<i>capivasertib</i>	ADD TO FORMULARY		Non-Preferred Brands
10/11/2024	LUMRYZ STARTER PACK	<i>sodium oxybate</i>	ADD TO FORMULARY		Non-Preferred Brands
10/11/2024	TRUQAP	<i>capivasertib</i>	ADD TO FORMULARY		Non-Preferred Brands
10/11/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
10/11/2024	UNDECATREX	<i>testosterone undecanoate</i>	ADD TO FORMULARY		Non-Preferred Brands
10/11/2024	LUMRYZ STARTER PACK	<i>sodium oxybate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/11/2024	LUMRYZ STARTER PACK	<i>sodium oxybate</i>	ADD UM: PANAME		PA Applies
10/11/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: MAXQTYPERDAY		12.0 per day
10/11/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: B4		High Cost Brands and Generics
10/11/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: MAXQTYPERDAY		6.0 per day
10/11/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: B4		High Cost Brands and Generics
10/11/2024	TRUQAP	<i>capivasertib</i>	ADD UM: MAXQTYPERDAY		2.286 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	TRUQAP	<i>capivasertib</i>	ADD UM: PANAME		PA Applies
10/11/2024	TRUQAP	<i>capivasertib</i>	ADD UM: MAXQTYPERDAY		2.286 per day
10/11/2024	TRUQAP	<i>capivasertib</i>	ADD UM: PANAME		PA Applies
10/11/2024	UNDECATREX	<i>testosterone undecanoate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
10/11/2024	UNDECATREX	<i>testosterone undecanoate</i>	ADD UM: PANAME		PA Applies
10/11/2024	UNDECATREX	<i>testosterone undecanoate</i>	ADD UM: B4		High Cost Brands and Generics
10/11/2024	<i>ihealth glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: MAXQTYPERDAY		6.8 per day
10/11/2024	<i>ihealth glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
10/11/2024	<i>ihealth glucose test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
10/11/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	<i>hydrocortisone sod succinate</i>	<i>hydrocortisone sodium succinate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	<i>decitabine</i>	<i>decitabine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	TREMFYA	<i>guselkumab</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	<i>nicardipine hcl</i>	<i>nicardipine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	<i>prochlorperazine edisylate</i>	<i>prochlorperazine edisylate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	<i>prochlorperazine edisylate</i>	<i>prochlorperazine edisylate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	<i>rocuronium bromide</i>	<i>rocuronium bromide</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: COV		Bucket 2 General Exclusions
10/11/2024	UBRELVY	<i>ubrogepant</i>	ADD UM: MAXQTYPERDAY		0.534 per day
10/11/2024	UBRELVY	<i>ubrogepant</i>	ADD UM: PANAME		PA Applies
10/11/2024	UBRELVY	<i>ubrogepant</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/11/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
10/11/2024	<i>phenylephrine hcl-0.9% nacl</i>	<i>phenylephrine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
10/11/2024	<i>polyoxyl 40 stearate</i>	<i>polyoxyl 40 stearate</i>	ADD UM: COV		Non FDA Approved Drugs
10/11/2024	<i>bupivacaine-lidocaine-nacl</i>	<i>bupivacaine hcl/lidocaine hcl in sodium chloride,iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	<i>bupivacaine-lidocaine-nacl</i>	<i>bupivacaine hcl/lidocaine hcl in sodium chloride,iso-osmotic</i>	ADD UM: COV		Non FDA Approved Drugs
10/11/2024	<i>cephalexin</i>	<i>cephalexin</i>	CHANGE TIER	Non-Preferred Brands	Generics
10/11/2024	<i>cephalexin</i>	<i>cephalexin</i>	CHANGE TIER	Non-Preferred Brands	Generics
10/11/2024	<i>sulfadiazine</i>	<i>sulfadiazine</i>	CHANGE TIER	Non-Preferred Brands	Generics
10/11/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/11/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/11/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/11/2024	COBENFY STARTER PACK	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: QUANTITY		max 56 / 180 days
10/11/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: STEP		ST applies
10/11/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: STEP		ST applies
10/11/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: STEP		ST applies
10/11/2024	COBENFY STARTER PACK	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: STEP		ST applies
10/11/2024	LUMRYZ STARTER PACK	<i>sodium oxybate</i>	ADD UM: QUANTITY		max 28 / 180 days
10/11/2024	LUMRYZ STARTER PACK	<i>sodium oxybate</i>	REMOVE UM: MAXQTYPERDAY	1.0 per day	
10/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	CHANGE UM: MAXQTYPERDAY	3 per day	6.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2024	<i>pirfenidone</i>	<i>pirfenidone</i>	CHANGE UM: MAXQTYPERDAY		6.0 per day
10/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
10/11/2024	SANDOSTATIN LAR DEPOT	<i>octreotide acetate, microspheres</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	<i>daunorubicin hcl</i>	<i>daunorubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	NEMLUVIO	<i>nemolizumab-ilto</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	TEVIMBRA	<i>tislelizumab-jsgr</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	LIVDELZI	<i>seladelpar lysine</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	VIGAFYDE	<i>vigabatrin</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: CS		Core Specialty
10/15/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: CS		Core Specialty
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: CS		Core Specialty
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: CS		Core Specialty
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/15/2024	VORANIGO	<i>vorasidenib citrate</i>	ADD UM: CS		Core Specialty
10/15/2024	<i>daunorubicin hcl</i>	<i>daunorubicin hcl</i>	ADD UM: CS		Core Specialty
10/15/2024	NEMLUVIO	<i>nemolizumab-ilto</i>	ADD UM: CS		Core Specialty
10/15/2024	LIVDELZI	<i>seladelpar lysine</i>	ADD UM: CS		Core Specialty
10/15/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: CS		Core Specialty
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: CS		Core Specialty
10/15/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: CS		Core Specialty
10/15/2024	LAZCLUZE	<i>lazertinib mesylate</i>	ADD UM: CS		Core Specialty
10/16/2024	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: COV		Coverage Delay
10/16/2024	<i>oxycodone hcl</i>	<i>oxycodone hcl</i>	ADD UM: COV		Coverage Delay
10/16/2024	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: COV		Coverage Delay
10/16/2024	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: COV		Coverage Delay
10/16/2024	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: COV		Coverage Delay
10/16/2024	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: COV		Coverage Delay
10/16/2024	ESBRIET	<i>pirfenidone</i>	CHANGE UM: MAXQTYPERDAY	3 per day	6.0 per day
10/16/2024	ESBRIET	<i>pirfenidone</i>	CHANGE UM: MAXQTYPERDAY	3 per day	6.0 per day
10/17/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
10/17/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD UM: SPECIALTY		Specialty Drug
10/17/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
10/17/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
10/17/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD UM: SPECIALTY		Specialty Drug
10/17/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty
10/17/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: CS		Core Specialty
10/18/2024	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/18/2024	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: STEP		ST applies
10/18/2024	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/18/2024	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: STEP		ST applies
10/18/2024	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/18/2024	ZITUVIMET XR	<i>sitagliptin/metformin hcl</i>	ADD UM: STEP		ST applies
10/18/2024	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/18/2024	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/18/2024	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: STEP		ST applies
10/18/2024	ZITUVIMET	<i>sitagliptin/metformin hcl</i>	ADD UM: STEP		ST applies
10/18/2024	<i>halcinonide</i>	<i>halcinonide</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>aa 2%-d5w-calcium-heparin</i>	<i>amino acid 2 % no.1 pediatric/d5w/calcium gluconate/heparin</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>aa 3%-d5w-calcium</i>	<i>amino acid 3 % comb no.2(pedi)/d5w/calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl in sodium chloride, iso-osmotic/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>aa 3%-d10w-calcium</i>	<i>amino acid 3 % comb no.2(pedi)/d10w/calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>cardioplegia induction 4:1</i>	<i>cardioplegic no.23 (induction 4:1)</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>aa 2%-d5w-calcium-heparin</i>	<i>amino acid 2 % no.1 pediatric/d5w/calcium gluconate/heparin</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>ecovue hv ultrasound gel</i>	<i>ultrasound coupling medium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>ecovue hv ultrasound gel</i>	<i>ultrasound coupling medium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>moxifloxacin hcl-bss</i>	<i>moxifloxacin hcl in balanced salt solution no.2/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>ecovue hv ultrasound gel</i>	<i>ultrasound coupling medium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>ecovue hv ultrasound gel</i>	<i>ultrasound coupling medium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	STERILE WATER DILUNT-WINREVAIR	<i>water for injection,sterile</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	EUFLEXXA	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	EUFLEXXA	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>cardioplegia maintenance 4:1</i>	<i>cardioplegic solution no.20 (maintenance 4:1)</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>aa 2%-d10w-calcium</i>	<i>amino acid 2 % no.1 (pediatric)/d10w/calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>estradiol</i>	<i>estradiol</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>edaravone</i>	<i>edaravone</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>testosterone-anastrozole</i>	<i>testosterone/anastrozole</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>articaine-epinephrine bit</i>	<i>articaine hcl/epinephrine bitartrate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>moxifloxacin hcl-bss</i>	<i>moxifloxacin hcl in balanced salt solution no.2/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>cardioplegia induction 4:1</i>	<i>cardioplegic solution no.34 (induction 4:1)</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>iv soln stabilizer-imdelltra</i>	<i>stabilizer for tarlatamab-dlle</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>fora 6con-tng uric acid strip</i>	<i>blood uric acid test, strips</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>cefuroxime-0.9% nacl</i>	<i>cefuroxime sodium in 0.9 % sodium chloride/pf</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	STERILE WATER DILUNT-WINREVAIR	<i>water for injection,sterile</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>kendall amd antimicrbial dress</i>	<i>polyhexamethylene biguanide/foam bandage</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>cardioplegia induction 4:1</i>	<i>cardioplegic solution no.34 (induction 4:1)</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>bupivacaine-lidocaine-nacl</i>	<i>bupivacaine hcl/lidocaine hcl in sodium chloride,iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>aa 2%-d10w-calcium</i>	<i>amino acid 2 % no.1 (pediatric)/d10w/calcium gluconate</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>bupivacaine-lidocaine-nacl</i>	<i>bupivacaine hcl/lidocaine hcl in sodium chloride,iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	<i>testosterone</i>	<i>testosterone</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	IOMERON 350	<i>iomeprol</i>	REMOVE FROM FORMULARY		Non-Formulary
10/18/2024	NORVIR	<i>ritonavir</i>	ADD TO FORMULARY		Non-Preferred Brands
10/18/2024	<i>tacrolimus xl</i>	<i>tacrolimus</i>	ADD TO FORMULARY		Non-Preferred Brands
10/18/2024	<i>tacrolimus xl</i>	<i>tacrolimus</i>	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>tacrolimus xl</i>	<i>tacrolimus</i>	ADD TO FORMULARY		Non-Preferred Brands
10/18/2024	<i>articaine-epinephrine bit</i>	<i>articaine hcl/epinephrine bitartrate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>iv soln stabilizer- imdeltra</i>	<i>stabilizer for tarlatamab-dlle</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>fora 6con-tng uric acid strip</i>	<i>blood uric acid test, strips</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	STERILE WATER DILUNT-WINREVAIR	<i>water for injection, sterile</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ecovue hv ultrasound gel</i>	<i>ultrasound coupling medium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ecovue hv ultrasound gel</i>	<i>ultrasound coupling medium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ecovue hv ultrasound gel</i>	<i>ultrasound coupling medium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ecovue hv ultrasound gel</i>	<i>ultrasound coupling medium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ecovue ultrasound gel</i>	<i>ultrasound coupling medium</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	STERILE WATER DILUNT-WINREVAIR	<i>water for injection, sterile</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
10/18/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty
10/18/2024	EUFLEXXA	<i>hyaluronate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	EUFLEXXA	<i>hyaluronate sodium</i>	ADD UM: SDS		Y
10/18/2024	EUFLEXXA	<i>hyaluronate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
10/18/2024	EUFLEXXA	<i>hyaluronate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	EUFLEXXA	<i>hyaluronate sodium</i>	ADD UM: SDS		Y
10/18/2024	EUFLEXXA	<i>hyaluronate sodium</i>	ADD UM: SPECIALTY		Specialty Drug
10/18/2024	<i>testosterone-anastrozole</i>	<i>testosterone/anastrozole</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>aa 2%-d5w-calcium-heparin</i>	<i>amino acid 2 % no.1 pediatric/d5w/calcium gluconate/heparin</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>moxifloxacin hcl-bss</i>	<i>moxifloxacin hcl in balanced salt solution no.2/pf</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>cardioplegia induction 4:1</i>	<i>cardioplegic solution no.34 (induction 4:1)</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>aa 3%-d5w-calcium</i>	<i>amino acid 3 % comb no.2(pedi)/d5w/calcium gluconate</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl in sodium chloride, iso-osmotic/pf</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>aa 3%-d10w-calcium</i>	<i>amino acid 3 % comb no.2(pedi)/d10w/calcium gluconate</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>cefuroxime-0.9% nacl</i>	<i>cefuroxime sodium in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>cardioplegia induction 4:1</i>	<i>cardioplegic no.23 (induction 4:1)</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>aa 2%-d5w-calcium-heparin</i>	<i>amino acid 2 % no.1 pediatric/d5w/calcium gluconate/heparin</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>testosterone</i>	<i>testosterone</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>testosterone</i>	<i>testosterone</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>moxifloxacin hcl-bss</i>	<i>moxifloxacin hcl in balanced salt solution no.2/pf</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>kendall amd antimicrobial dress</i>	<i>polyhexamethylene biguanide/foam bandage</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>cardioplegia maintenance 4:1</i>	<i>cardioplegic solution no.20 (maintenance 4:1)</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>cardioplegia induction 4:1</i>	<i>cardioplegic solution no.34 (induction 4:1)</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>aa 2%-d10w-calcium</i>	<i>amino acid 2 % no.1 (pediatric)/d10w/calcium gluconate</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>aa 2%-d10w-calcium</i>	<i>amino acid 2 % no.1 (pediatric)/d10w/calcium gluconate</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>testosterone</i>	<i>testosterone</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	IOMERON 350	<i>iomeprol</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	NORVIR	<i>ritonavir</i>	ADD UM: MAXQTYPERDAY		12.0 per day
10/18/2024	NORVIR	<i>ritonavir</i>	ADD UM: SPECIALTY		Specialty Drug
10/18/2024	<i>halcinonide</i>	<i>halcinonide</i>	ADD UM: MAXQTYPERDAY		4.0 per day
10/18/2024	<i>halcinonide</i>	<i>halcinonide</i>	ADD UM: B4		High Cost Brands and Generics
10/18/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
10/18/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
10/18/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
10/18/2024	<i>lanreotide acetate</i>	<i>lanreotide acetate</i>	ADD UM: CS		Core Specialty
10/18/2024	<i>tacrolimus xl</i>	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
10/18/2024	<i>tacrolimus xl</i>	<i>tacrolimus</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
10/18/2024	<i>tacrolimus xl</i>	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>tacrolimus xl</i>	<i>tacrolimus</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
10/18/2024	<i>tacrolimus xl</i>	<i>tacrolimus</i>	ADD UM: SPECIALTY		Specialty Drug
10/18/2024	<i>tacrolimus xl</i>	<i>tacrolimus</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD TO FORMULARY		Preferred Generics
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD TO FORMULARY		Preferred Generics
10/18/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD TO FORMULARY		Preferred Generics
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD TO FORMULARY		Preferred Generics
10/18/2024	<i>promethazine-dm</i>	<i>promethazine hcl/dextromethorphan hbr</i>	ADD TO FORMULARY		Preferred Generics
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD TO FORMULARY		Preferred Generics
10/18/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>hydralazine hcl</i>	<i>hydralazine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>promethazine-dm</i>	<i>promethazine hcl/dextromethorphan hbr</i>	REMOVE UM: COV	Bucket 2 MSC O Non Covered Drugs	
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>valsartan</i>	<i>valsartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>divalproex sodium</i>	<i>divalproex sodium</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>prednisolone acetate</i>	<i>prednisolone acetate</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>prednisolone acetate</i>	<i>prednisolone acetate</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>prednisolone acetate</i>	<i>prednisolone acetate</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>tiopronin</i>	<i>tiopronin</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD TO FORMULARY		Generics
10/18/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD UM: B4		High Cost Brands and Generics
10/18/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD UM: B4		High Cost Brands and Generics
10/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
10/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: PANAME		PA Applies
10/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/18/2024	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	ADD UM: PANAME		PA Applies
10/18/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
10/18/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
10/18/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: MAXQTYPERDAY		3.0 per day
10/18/2024	<i>lidocaine</i>	<i>lidocaine</i>	ADD UM: PANAME		PA Applies
10/18/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>repaglinide</i>	<i>repaglinide</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>baclofen</i>	<i>baclofen</i>	ADD TO FORMULARY		Non-Preferred Brands
10/18/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Non-Preferred Brands
10/18/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD TO FORMULARY		Non-Preferred Brands
10/18/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD TO FORMULARY		Non-Preferred Brands
10/18/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		90.0 per day
10/18/2024	<i>acetaminophen-codeine</i>	<i>acetaminophen with codeine phosphate</i>	ADD UM: MAXQTYPERDAY		90.0 per day
10/18/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: MAXQTYPERDAY		40.0 per day
10/18/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: PANAME		PA Applies
10/18/2024	<i>baclofen</i>	<i>baclofen</i>	ADD UM: B4		High Cost Brands and Generics
10/18/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/18/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/18/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/18/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: DRUGCLASS		Acne Products
10/18/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: PANAME		PA Required for those 40 and older
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>daunorubicin hcl</i>	<i>daunorubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	TRIESENCE	<i>triamcinolone acetonide/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	TRIESENCE	<i>triamcinolone acetonide/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>nicardipine hcl</i>	<i>nicardipine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>md pump bottle airless</i>	<i>topical cream metered-dose device</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>ropivacaine hcl</i>	<i>ropivacaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
10/18/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/18/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
10/18/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>carvedilol</i>	<i>carvedilol</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/18/2024	PRED FORTE	<i>prednisolone acetate</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 MSC O Non Covered Drugs
10/18/2024	PRED FORTE	<i>prednisolone acetate</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 MSC O Non Covered Drugs
10/18/2024	PRED FORTE	<i>prednisolone acetate</i>	CHANGE UM: COV	Bucket 1 Non Covered Drugs	Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>ephedrine sulfate</i>	<i>ephedrine sulfate</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
10/18/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>hyoscyamine sulfate</i>	<i>hyoscyamine sulfate</i>	ADD UM: FI1		Rx90 List
10/18/2024	<i>prednisolone acetate</i>	<i>prednisolone acetate</i>	CHANGE TIER	Preferred Brands	Generics
10/18/2024	<i>prednisolone acetate</i>	<i>prednisolone acetate</i>	CHANGE TIER	Preferred Brands	Generics
10/18/2024	<i>prednisolone acetate</i>	<i>prednisolone acetate</i>	CHANGE TIER	Preferred Brands	Generics
10/18/2024	<i>prednisolone acetate</i>	<i>prednisolone acetate</i>	CHANGE TIER	Preferred Brands	Generics
10/18/2024	<i>prednisolone acetate</i>	<i>prednisolone acetate</i>	CHANGE TIER	Preferred Brands	Generics
10/18/2024	<i>prednisolone acetate</i>	<i>prednisolone acetate</i>	CHANGE TIER	Preferred Brands	Generics
10/18/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD UM: B4		High Cost Brands and Generics
10/18/2024	<i>sitagliptin-metformin, zituvim et, zituvimet xr</i>	<i>sitagliptin/metformin hcl</i>	REMOVE UM: STEP		
10/23/2024	ROXYBOND	<i>oxycodone hcl</i>	ADD UM: COV		Coverage Delay
10/23/2024	VYALEV	<i>foscarbidopa/foslevodopa</i>	ADD UM: COV		Coverage Delay
10/25/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>pyrimethamine</i>	<i>pyrimethamine</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>pyrimethamine</i>	<i>pyrimethamine</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>loteprednol etabonate</i>	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Generics

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
10/25/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.5 per day
10/25/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.5 per day
10/25/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.5 per day
10/25/2024	<i>clobetasol propionate</i>	<i>clobetasol propionate</i>	ADD UM: MAXQTYPERDAY		7.5 per day
10/25/2024	<i>carepoint luer lock syring-ndl</i>	<i>syringe with needle, disposable, 3 ml</i>	ADD TO FORMULARY		Preferred Brands
10/25/2024	RHOFADE	<i>oxymetazoline hcl</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
10/25/2024	<i>ilet infusion kit-inset</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>dextrose in water</i>	<i>dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>glucagon hcl</i>	<i>glucagon hcl</i>	CHANGE UM: COV	Non FDA Approved Drugs	Bucket 2 General Exclusions
10/25/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ephedrine sulfate</i>	<i>ephedrine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>dextrose in water</i>	<i>dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>paclitaxel protein-bound</i>	<i>paclitaxel protein-bound</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>calcium chloride</i>	<i>calcium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>cupric chloride</i>	<i>cupric chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>calcium chloride</i>	<i>calcium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>dextrose in water</i>	<i>dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>lacosamide</i>	<i>lacosamide</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>cupric chloride</i>	<i>cupric chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>tranexamic acid-nacl</i>	<i>tranexamic acid in sodium chloride,iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>dextrose in water</i>	<i>dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>lincomycin hcl</i>	<i>lincomycin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>dextrose in water</i>	<i>dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ilet starter kit-inset</i>	<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>eversense 365 sensor</i>	<i>glucose sensor, implantable, continuous/dexamethasone acetate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ilet infusion-contact detach</i>	<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>eversense 365 transmitter</i>	<i>blood-glucose transmitter</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	YESCARTA	<i>axicabtagene ciloleucel</i>	CHANGE UM: COV	Non Formulary	Bucket 2 General Exclusions
10/25/2024	<i>nicardipine hcl</i>	<i>nicardipine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ilet starter kit-inset</i>	<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>ephedrine sulfate</i>	<i>ephedrine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	AK-FLUOR	<i>fluorescein sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>dextrose in water</i>	<i>dextrose 5 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
10/25/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
10/25/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
10/25/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
10/25/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
10/25/2024	<i>paclitaxel protein-bound</i>	<i>paclitaxel protein-bound</i>	ADD UM: CS		Core Specialty
10/25/2024	<i>paclitaxel protein-bound</i>	<i>paclitaxel protein-bound</i>	ADD UM: SPECIALTY		Specialty Drug
10/25/2024	<i>eversense 365 sensor</i>	<i>glucose sensor, implantable, continuous/dexamethasone acetate</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
10/25/2024	<i>tranexamic acid-nacl</i>	<i>tranexamic acid in sodium chloride, iso-osmotic</i>	ADD UM: SPECIALTY		Specialty Drug
10/25/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: CS		Core Specialty
10/25/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: SPECIALTY		Specialty Drug
10/25/2024	<i>ilet infusion kit-inset</i>	<i>infusion set for insulin pump/insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/25/2024	<i>ilet starter kit-inset</i>	<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2024	<i>ilet starter kit-inset</i>	<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/25/2024	<i>ilet infusion-contact detach</i>	<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/25/2024	FOCALIN XR	<i>dexmethylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/25/2024	FOCALIN	<i>dexmethylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
10/25/2024	FOCALIN	<i>dexmethylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
10/25/2024	FOCALIN	<i>dexmethylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
10/25/2024	FOCALIN XR	<i>dexmethylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
10/25/2024	FOCALIN XR	<i>dexmethylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
10/25/2024	<i>fentanyl citrate-0.9% nacl</i>	<i>fentanyl citrate in 0.9 % sodium chloride/pf</i>	ADD UM: COV		Non FDA Approved Drugs
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/25/2024	<i>nicotine patch</i>	<i>nicotine</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/25/2024	<i>pyrimethamine</i>	<i>pyrimethamine</i>	ADD UM: SPECIALTY		Specialty Drug
10/25/2024	<i>pyrimethamine</i>	<i>pyrimethamine</i>	ADD UM: SPECIALTY		Specialty Drug
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
10/25/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
10/25/2024	<i>eversense 365 transmitter</i>	<i>blood-glucose transmitter</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
10/25/2024	YESCARTA	<i>axicabtagene ciloleucel</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non Formulary
10/30/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: COV		Coverage Delay
10/30/2024	PAVBLU	<i>aflibercept-ayyh</i>	ADD UM: COV		Coverage Delay
10/30/2024	PAVBLU	<i>aflibercept-ayyh</i>	ADD UM: COV		Coverage Delay

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Alliant Net Results Formulary 2024 Updates

November, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	REZDIFFRA	<i>resmetirom</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	REZDIFFRA	<i>resmetirom</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
11/01/2024	REZDIFFRA	<i>resmetirom</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	REZDIFFRA	<i>resmetirom</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
11/01/2024	REZDIFFRA	<i>resmetirom</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	REZDIFFRA	<i>resmetirom</i>	CHANGE UM: COV	Coverage Delay	Bucket 1 Non Covered Drugs
11/01/2024	<i>avanafil</i>	<i>avanafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
11/01/2024	<i>avanafil</i>	<i>avanafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
11/01/2024	<i>avanafil</i>	<i>avanafil</i>	ADD UM: MAXQTYPERDAY		0.2 per day
11/01/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: MAXQTYPERDAY		6.8 per day
11/01/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
11/01/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>misoprostol</i>	<i>misoprostol</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>alendronate sodium</i>	<i>alendronate sodium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>cyproheptadine hcl</i>	<i>cyproheptadine hcl</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>alendronate sodium</i>	<i>alendronate sodium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>alendronate sodium</i>	<i>alendronate sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>misoprostol</i>	<i>misoprostol</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD UM: MAXQTYPERDAY		0.7 per day
11/01/2024	<i>ondansetron odt</i>	<i>ondansetron</i>	ADD UM: MAXQTYPERDAY		0.7 per day
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>pravastatin sodium</i>	<i>pravastatin sodium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: QPBU		HCRSTATIN High Cholesterol
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 40-75 years
11/01/2024	<i>rosuvastatin calcium</i>	<i>rosuvastatin calcium</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>travoprost</i>	<i>travoprost</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>pyridostigmine bromide</i>	<i>pyridostigmine bromide</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>avanafil</i>	<i>avanafil</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>travoprost</i>	<i>travoprost</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>erythromycin</i>	<i>erythromycin base</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>avanafil</i>	<i>avanafil</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>scopolamine</i>	<i>scopolamine</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>avanafil</i>	<i>avanafil</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>scopolamine</i>	<i>scopolamine</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>scopolamine</i>	<i>scopolamine</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>avanafil</i>	<i>avanafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
11/01/2024	<i>avanafil</i>	<i>avanafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
11/01/2024	<i>avanafil</i>	<i>avanafil</i>	ADD UM: DRUGCLASS		Sexual Dysfunction
11/01/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD UM: B4		High Cost Brands and Generics
11/01/2024	<i>cephalexin</i>	<i>cephalexin</i>	ADD UM: B4		High Cost Brands and Generics
11/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>travoprost</i>	<i>travoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
11/01/2024	<i>travoprost</i>	<i>travoprost</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>travoprost</i>	<i>travoprost</i>	ADD UM: B4		High Cost Brands and Generics
11/01/2024	<i>travoprost</i>	<i>travoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
11/01/2024	<i>travoprost</i>	<i>travoprost</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>travoprost</i>	<i>travoprost</i>	ADD UM: B4		High Cost Brands and Generics
11/01/2024	<i>trojan ultra thin</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands
11/01/2024	<i>trojan ultra thin-spermicidal</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands
11/01/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands
11/01/2024	<i>trojan magnum</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD TO FORMULARY		Preferred Brands
11/01/2024	<i>trojan ultra thin</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
11/01/2024	<i>trojan ultra thin</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>trojan ultra thin-spermicidal</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
11/01/2024	<i>trojan ultra thin-spermicidal</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
11/01/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>trojan magnum</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
11/01/2024	<i>trojan magnum</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD UM: QPBU		HCROCRX Contraceptives
11/01/2024	<i>trojan enz</i>	<i>condoms, latex, lubricated</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD TO FORMULARY		Non-Preferred Brands
11/01/2024	CYCLOSET	<i>bromocriptine mesylate</i>	ADD TO FORMULARY		Non-Preferred Brands
11/01/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Non-Preferred Brands
11/01/2024	<i>carbamazepine</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	CYCLOSET	<i>bromocriptine mesylate</i>	ADD UM: FI1		Rx90 List
11/01/2024	CYCLOSET	<i>bromocriptine mesylate</i>	ADD UM: B4		High Cost Brands and Generics
11/01/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/01/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: PANAME		PA Applies
11/01/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: CS		Core Specialty
11/01/2024	JUXTAPID	<i>lomitapide mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
11/01/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: MAXQTYPERDAY		6.8 per day
11/01/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
11/01/2024	<i>platinum test strip</i>	<i>blood sugar diagnostic</i>	REMOVE UM: PR	PREVENTIVE MEDICATION	
11/01/2024	<i>ephedrine sulfate</i>	<i>ephedrine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>fentanyl citrate</i>	<i>fentanyl citrate/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>tandem mobi cartridge</i>	<i>insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>prochlorperazine edisylate</i>	<i>prochlorperazine edisylate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>t:slim x2</i>	<i>insulin pump cartridge</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	VYLOY	<i>zolbetuximab-clzb</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl/pf</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>zinc chloride</i>	<i>zinc chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>minimed 780g</i>	<i>subcutaneous insulin pump</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>zinc chloride</i>	<i>zinc chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>dexmedetomidine hcl</i>	<i>dexmedetomidine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>dexmedetomidine hcl</i>	<i>dexmedetomidine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>prochlorperazine edisylate</i>	<i>prochlorperazine edisylate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>dexmedetomidine hcl</i>	<i>dexmedetomidine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>dexmedetomidine hcl</i>	<i>dexmedetomidine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty
11/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>arsenic trioxide</i>	<i>arsenic trioxide</i>	ADD UM: CS		Core Specialty
11/01/2024	<i>minimed 780g</i>	<i>subcutaneous insulin pump</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: CS		Core Specialty
11/01/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: CS		Core Specialty
11/01/2024	<i>tandem mobi cartridge</i>	<i>insulin pump cartridge</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/01/2024	<i>prednisolone sodium phosphate</i>	<i>prednisolone sodium phosphate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/01/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/01/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/01/2024	<i>prednisolone sodium phosphate</i>	<i>prednisolone sodium phosphate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/01/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/01/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List
11/01/2024	LYRICA	<i>pregabalin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	XALATAN	<i>latanoprost</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/01/2024	LYRICA	<i>pregabalin</i>	ADD UM: MAXQTYPERDAY		30.0 per day
11/01/2024	XALATAN	<i>latanoprost</i>	ADD UM: QUANTITY		max 2.5 per 30 days
11/01/2024	XALATAN	<i>latanoprost</i>	ADD UM: FI1		Rx90 List
11/01/2024	MEDIHONEY	<i>honey</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>timolol-brimoni- dorzol-bimatop</i>	<i>timolol mal/brimonidine tart/dorzolamide hcl/bimatoprost/pf</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	MEDI TAB	<i>multivit no.33/methyltetrahydrofolate /chromium/glutathione</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>estrogen- methyltestosteron e</i>	<i>estrogens,esterified/methylt estosterone</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>ketamine hcl- 0.9% nacl</i>	<i>ketamine hcl in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	ESTRATEST H.S.	<i>estrogens,esterified/methylt estosterone</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>capsoral</i>	<i>capsule compounding base no.250</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>brompheniramine -pseudoephed- dm</i>	<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>brompheniramine -pseudoephed- dm</i>	<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/01/2024	<i>brompheniramine -pseudoephed- dm</i>	<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>brompheniramine -pseudoephed- dm</i>	<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/01/2024	<i>estradiol</i>	<i>estradiol</i>	ADD UM: MAXQTYPERDAY		1.667 per day
11/01/2024	<i>freestyle libre 2 plus sensor</i>	<i>blood-glucose sensor</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>freestyle libre 2 plus sensor</i>	<i>blood-glucose sensor</i>	ADD UM: DRUGCLASS		Blood Sugar Diagnostics
11/01/2024	<i>freestyle libre 2 plus sensor</i>	<i>blood-glucose sensor</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
11/01/2024	<i>freestyle libre 2 plus sensor</i>	<i>blood-glucose sensor</i>	ADD UM: STEP		ST applies
11/01/2024	<i>freestyle libre 2 plus sensor</i>	<i>blood-glucose sensor</i>	ADD UM: MAXQTYPERDAY		0.072 per day
11/01/2024	<i>scopolamine</i>	<i>scopolamine</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>budesonide dr</i>	<i>budesonide</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD TO FORMULARY		Generics
11/01/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/01/2024	<i>methylphenidate er</i>	<i>methylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
11/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
11/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	ADD UM: PR		PREVENTIVE MEDICATION

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: CS		Core Specialty
11/01/2024	XEOMIN	<i>incobotulinumtoxina</i>	ADD UM: CS		Core Specialty
11/01/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: CS		Core Specialty
11/01/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: CS		Core Specialty
11/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: QUANTITY	max 90 days / fill	max 56 days / fill
11/01/2024	RENFLEXIS	<i>infliximab-abda</i>	CHANGE UM: QUANTITY	max 90 days / fill	max 56 days / fill
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	PREVACID 24HR	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	PREVACID 24HR	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	PREVACID 24HR	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole-sodium bicarbonate</i>	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	NEXIUM 24HR	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	ZEGERID OTC	<i>omeprazole/sodium bicarbonate</i>	REMOVE UM: F11	Rx90 List	
11/01/2024	<i>glucose in water</i>	<i>dextrose 50 % in water</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>glucose in water</i>	<i>dextrose 50 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>glucose in water</i>	<i>dextrose 50 % in water</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>glucose in water</i>	<i>dextrose 50 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>glucose in water</i>	<i>dextrose 70 % in water</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>glucose in water</i>	<i>dextrose 70 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>glucose in water</i>	<i>dextrose 70 % in water</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>glucose in water</i>	<i>dextrose 70 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>water</i>	<i>water for injection,sterile</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>water</i>	<i>water for injection,sterile</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>dextrose in water</i>	<i>dextrose 70 % in water</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>dextrose in water</i>	<i>dextrose 70 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>dextrose in water</i>	<i>dextrose 70 % in water</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>dextrose in water</i>	<i>dextrose 70 % in water</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>water</i>	<i>water for injection,sterile</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>water</i>	<i>water for injection,sterile</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>dexmedetomidine hcl</i>	<i>dexmedetomidine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>dexmedetomidine hcl</i>	<i>dexmedetomidine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: CS		Core Specialty
11/01/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	<i>octreotide acetate er</i>	<i>octreotide acetate, microspheres</i>	ADD UM: CS		Core Specialty
11/01/2024	<i>palonosetron hcl</i>	<i>palonosetron hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>palonosetron hcl</i>	<i>palonosetron hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	<i>palonosetron hcl</i>	<i>palonosetron hcl</i>	ADD UM: SPECIALTY		Specialty Drug
11/01/2024	SYNOJOYNT	<i>hyaluronate sodium</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	SYNOJOYNT	<i>hyaluronate sodium</i>	ADD UM: COV		Bucket 2 General Exclusions
11/01/2024	SYNOJOYNT	<i>hyaluronate sodium</i>	ADD UM: SDS		Y
11/01/2024	<i>methylergonovine maleate</i>	<i>methylergonovine maleate</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>methylergonovine maleate</i>	<i>methylergonovine maleate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/01/2024	<i>glycerin</i>	<i>glycerin</i>	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>glycerin</i>	<i>glycerin</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>glycerin</i>	<i>glycerin</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>glycerin</i>	<i>glycerin</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>vancomycin hcl-0.9% nacl</i>	<i>vancomycin in 0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>jelene</i>	<i>mineral oil/polyethylene glycol</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>jelene</i>	<i>mineral oil/polyethylene glycol</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>jelene</i>	<i>mineral oil/polyethylene glycol</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>jelene</i>	<i>mineral oil/polyethylene glycol</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>isopropyl alcohol</i>	<i>isopropyl alcohol</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>isopropyl alcohol</i>	<i>isopropyl alcohol</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>kendall amd antimicrobial dress</i>	<i>polyhexamethylene biguanide/foam bandage</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>kendall amd antimicrobial dress</i>	<i>polyhexamethylene biguanide/foam bandage</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>jelene</i>	<i>mineral oil/polyethylene glycol</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>jelene</i>	<i>mineral oil/polyethylene glycol</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>boric acid</i>	<i>boric acid</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>boric acid</i>	<i>boric acid</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>vancomycin hcl-d5w</i>	<i>vancomycin in 5 % dextrose in water</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>vancomycin hcl-d5w</i>	<i>vancomycin in 5 % dextrose in water</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>isopropyl alcohol</i>	<i>isopropyl alcohol</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	<i>isopropyl alcohol</i>	<i>isopropyl alcohol</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	CAPHOSOL	<i>saliva substitute combo no.2</i>	REMOVE FROM FORMULARY		Non-Formulary
11/01/2024	CAPHOSOL	<i>saliva substitute combo no.2</i>	ADD UM: COV		Non FDA Approved Drugs
11/01/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/01/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/06/2024	ITOVEBI	<i>inavolisib</i>	ADD UM: COV		Coverage Delay
11/06/2024	ITOVEBI	<i>inavolisib</i>	ADD UM: COV		Coverage Delay
11/06/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
11/06/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
11/06/2024	VARIZIG	<i>varicella-zoster immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
11/06/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
11/06/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
11/06/2024	VARIZIG	<i>varicella-zoster immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
11/06/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: SPECIALTY		Specialty Drug
11/06/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
11/06/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/06/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
11/06/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
11/06/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: CS		Core Specialty
11/06/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: CS		Core Specialty
11/06/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/06/2024	COBENFY	<i>xanomeline tartrate/trospium chloride</i>	ADD UM: STEP		ST applies
11/07/2024	ITOVEBI	<i>inavolisib</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/07/2024	ITOVEBI	<i>inavolisib</i>	ADD UM: PANAME		PA Applies
11/07/2024	ITOVEBI	<i>inavolisib</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/07/2024	ITOVEBI	<i>inavolisib</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>tamoxifen citrate</i>	<i>tamoxifen citrate</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>nitrofurantoin mono-macro</i>	<i>nitrofurantoin monohydrate/macrocrystals</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>cyanocobalamin injection</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	<i>losartan-hydrochlorothiazide</i>	<i>losartan potassium/hydrochlorothiazide</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>cyanocobalamin injection</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		Preferred Generics
11/08/2024	<i>losartan-hydrochlorothiazide</i>	<i>losartan potassium/hydrochlorothiazide</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>losartan-hydrochlorothiazide</i>	<i>losartan potassium/hydrochlorothiazide</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
11/08/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>metformin hcl er</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: QPBU		HCROCRX Contraceptives
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: DRUGCLASS		Contraceptives
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
11/08/2024	MICROGESTIN	<i>norethindrone acetate/ethinyl estradiol</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	<i>tamoxifen citrate</i>	<i>tamoxifen citrate</i>	ADD UM: QPBU		HCRBCRX Breast Cancer
11/08/2024	<i>tamoxifen citrate</i>	<i>tamoxifen citrate</i>	ADD UM: CUSTOM		[ACA] Age Edits Apply: 35+ years
11/08/2024	<i>tamoxifen citrate</i>	<i>tamoxifen citrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD TO FORMULARY		Generics
11/08/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
11/08/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>brimonidine tartrate-timolol</i>	<i>brimonidine tartrate/timolol maleate</i>	ADD UM: B4		High Cost Brands and Generics
11/08/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
11/08/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
11/08/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
11/08/2024	<i>diclofenac potassium</i>	<i>diclofenac potassium</i>	ADD UM: B4		High Cost Brands and Generics
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/08/2024	<i>everolimus</i>	<i>everolimus</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: MAXQTYPERDAY		0.5 per day
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: PANAME		PA Applies
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: B4		High Cost Brands and Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: B4		High Cost Brands and Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: B4		High Cost Brands and Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: B4		High Cost Brands and Generics
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: B4		High Cost Brands and Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	<i>fentanyl</i>	<i>fentanyl</i>	ADD UM: B4		High Cost Brands and Generics
11/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: MAXQTYPERDAY		5.0 per day
11/08/2024	<i>lidocaine hcl</i>	<i>lidocaine hcl</i>	ADD UM: PANAME		PA Applies
11/08/2024	KYZATREX	<i>testosterone undecanoate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
11/08/2024	KYZATREX	<i>testosterone undecanoate</i>	ADD UM: PANAME		PA Applies
11/08/2024	KYZATREX	<i>testosterone undecanoate</i>	ADD UM: B4		High Cost Brands and Generics
11/08/2024	KYZATREX	<i>testosterone undecanoate</i>	ADD TO FORMULARY		Non-Preferred Brands
11/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
11/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
11/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
11/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
11/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	<i>dexmedetomidine hcl</i>	<i>dexmedetomidine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>lidocaine hcl-epinephrine</i>	<i>lidocaine hcl/epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>lidocaine hcl-epinephrine</i>	<i>lidocaine hcl/epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>glycopyrrolate</i>	<i>glycopyrrolate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>midazolam hcl</i>	<i>midazolam hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	VARIZIG	<i>varicella-zoster immune globulin/maltose</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>pantoprazole sodium-0.9% nacl</i>	<i>pantoprazole sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>lidocaine hcl-epinephrine</i>	<i>lidocaine hcl/epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>pantoprazole sodium-0.9% nacl</i>	<i>pantoprazole sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	VARIZIG	<i>varicella-zoster immune globulin/maltose</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>midazolam hcl</i>	<i>midazolam hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	<i>lidocaine hcl-epinephrine</i>	<i>lidocaine hcl/epinephrine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/08/2024	VARIZIG	<i>varicella-zoster immune globulin/maltose</i>	ADD UM: DRUGCLASS		Immune Serums
11/08/2024	VARIZIG	<i>varicella-zoster immune globulin/maltose</i>	ADD UM: DRUGCLASS		Immune Serums
11/08/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/08/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/08/2024	AZOPT	<i>brinzolamide</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/08/2024	ZOLOFT	<i>sertraline hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/08/2024	AZOPT	<i>brinzolamide</i>	ADD UM: FI1		Rx90 List
11/08/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
11/08/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List
11/08/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: STEP		ST applies
11/08/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: MAXQTYPERDAY		3.0 per day
11/08/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	EFFEXOR XR	<i>venlafaxine hcl</i>	ADD UM: STEP		ST applies
11/08/2024	ZOLOFT	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/08/2024	ZOLOFT	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
11/08/2024	ZOLOFT	<i>sertraline hcl</i>	ADD UM: STEP		ST applies
11/08/2024	<i>sodium chloride-water</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
11/08/2024	<i>sodium chloride-water</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
11/08/2024	<i>sodium chloride-water</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
11/08/2024	<i>sodium chloride-water</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Non FDA Approved Drugs
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: MAXQTYPERDAY		40.0 per day
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: PANAME		PA Required for those 12 and older
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: FI1		Rx90 List
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	REMOVE FROM FORMULARY		Non-Formulary
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: MAXQTYPERDAY		40.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: PANAME		PA Required for those 12 and older
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/08/2024	<i>cimetidine</i>	<i>cimetidine hcl</i>	ADD UM: FI1		Rx90 List
11/11/2024	ONYDA XR	<i>clonidine hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
11/11/2024	ONYDA XR	<i>clonidine hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
11/11/2024	ONYDA XR	<i>clonidine hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
11/12/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	EBGLYSS SYRINGE	<i>lebrikizumab-lbkz</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	EBGLYSS SYRINGE	<i>lebrikizumab-lbkz</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	NEXAVAR	<i>sorafenib tosylate</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: SPECIALTY		Specialty Drug
11/12/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/12/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
11/12/2024	AUGTYRO	<i>reprotrectinib</i>	ADD UM: CS		Core Specialty
11/12/2024	EBGLYSS SYRINGE	<i>lebrikizumab-lbkz</i>	ADD UM: CS		Core Specialty
11/12/2024	EBGLYSS SYRINGE	<i>lebrikizumab-lbkz</i>	ADD UM: CS		Core Specialty
11/12/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: CS		Core Specialty
11/12/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: CS		Core Specialty
11/12/2024	NEXAVAR	<i>sorafenib tosylate</i>	ADD UM: CS		Core Specialty
11/12/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: CS		Core Specialty
11/12/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
11/12/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD UM: CS		Core Specialty
11/12/2024	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: COV		Coverage Delay
11/12/2024	EBGLYSS SYRINGE	<i>lebrikizumab-lbkz</i>	ADD UM: COV		Coverage Delay
11/12/2024	EBGLYSS SYRINGE	<i>lebrikizumab-lbkz</i>	ADD UM: COV		Coverage Delay
11/12/2024	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: COV		Coverage Delay
11/12/2024	HYMPAVZI PEN	<i>marstacimab-hncq</i>	ADD UM: COV		Coverage Delay
11/12/2024	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: COV		Coverage Delay
11/12/2024	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: COV		Coverage Delay
11/12/2024	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: COV		Coverage Delay
11/12/2024	ERZOFRI	<i>paliperidone palmitate</i>	ADD UM: COV		Coverage Delay
11/15/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>chlorthalidone</i>	<i>chlorthalidone</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	<i>isoniazid</i>	<i>isoniazid</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>benzonatate</i>	<i>benzonatate</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>benzonatate</i>	<i>benzonatate</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>chlorthalidone</i>	<i>chlorthalidone</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>benzonatate</i>	<i>benzonatate</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>chlorthalidone</i>	<i>chlorthalidone</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>benzonatate</i>	<i>benzonatate</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>ofloxacin</i>	<i>ofloxacin</i>	ADD TO FORMULARY		Preferred Generics
11/15/2024	<i>chlorthalidone</i>	<i>chlorthalidone</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>chlorthalidone</i>	<i>chlorthalidone</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/15/2024	<i>chlorthalidone</i>	<i>chlorthalidone</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>chlorthalidone</i>	<i>chlorthalidone</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	<i>chlorthalidone</i>	<i>chlorthalidone</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>chlorthalidone</i>	<i>chlorthalidone</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/15/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/15/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>timolol maleate</i>	<i>timolol maleate</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	ADD TO FORMULARY	Non-Formulary	Generics
11/15/2024	<i>carbidopa-levodopa</i>	<i>carbidopa/levodopa</i>	REMOVE UM: COV	Bucket 2 Institutional and Hospital Pack	
11/15/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>levetiracetam</i>	<i>levetiracetam</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>isoniazid</i>	<i>isoniazid</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>deferasirox</i>	<i>deferasirox</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
11/15/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>penciclovir</i>	<i>penciclovir</i>	ADD TO FORMULARY		Generics
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>esomeprazole magnesium</i>	<i>esomeprazole magnesium</i>	ADD UM: B3		Ulcer Drugs, PPI
11/15/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/15/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	ADD UM: B4		High Cost Brands and Generics
11/15/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: B4		High Cost Brands and Generics
11/15/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: MAXQTYPERDAY		2.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	ADD UM: B4		High Cost Brands and Generics
11/15/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: B3		Ulcer Drugs, PPI
11/15/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: FI1		Rx90 List
11/15/2024	<i>pantoprazole sodium</i>	<i>pantoprazole sodium</i>	ADD UM: B3		Ulcer Drugs, PPI
11/15/2024	<i>penciclovir</i>	<i>penciclovir</i>	ADD UM: B3		All Other
11/15/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: MAXQTYPERDAY		0.358 per day
11/15/2024	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	ADD UM: PANAME		PA Applies
11/15/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: QPBU		HCROCRX Contraceptives
11/15/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: DRUGCLASS		Contraceptives
11/15/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: FI1		Rx90 List
11/15/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/15/2024	<i>trueplus lancet</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
11/15/2024	<i>trueplus lancets</i>	<i>lancets</i>	ADD TO FORMULARY		Preferred Brands
11/15/2024	<i>trueplus lancet</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/15/2024	<i>trueplus lancets</i>	<i>lancets</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD TO FORMULARY		Non-Preferred Brands
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD TO FORMULARY		Non-Preferred Brands
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD TO FORMULARY		Non-Preferred Brands
11/15/2024	NEO-VITAL RX	<i>prenatal vitamins no.154/ferrous fumarate/folic acid</i>	ADD TO FORMULARY		Non-Preferred Brands
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: B4		High Cost Brands and Generics
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: B4		High Cost Brands and Generics
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: B4		High Cost Brands and Generics
11/15/2024	LUMAKRAS	<i>sotorasib</i>	ADD TO FORMULARY		Non-Preferred Brands
11/15/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: PANAME		PA Applies
11/15/2024	LUMAKRAS	<i>sotorasib</i>	ADD UM: MAXQTYPERDAY		4.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	NEO-VITAL RX	<i>prenatal vitamins no. 154/ferrous fumarate/folic acid</i>	ADD UM: B3		All Other
11/15/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>lactated ringers</i>	<i>ringer's solution,lactated</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>azithromycin</i>	<i>azithromycin</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	BLOXIVERZ	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	BLOXIVERZ	<i>neostigmine methylsulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>lactated ringers</i>	<i>ringer's solution,lactated</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	AURLUMYN	<i>iloprost tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>dicyclomine hcl</i>	<i>dicyclomine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>lactated ringers</i>	<i>ringer's solution,lactated</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>argatroban-0.9% nacl</i>	<i>argatroban in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>nelarabine</i>	<i>nelarabine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	<i>lactated ringers</i>	<i>ringer's solution,lactated</i>	ADD UM: COV		Bucket 2 General Exclusions
11/15/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: DRUGCLASS		Immune Serums

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	HEPAGAM B	<i>hepatitis b immune globulin/maltose</i>	ADD UM: DRUGCLASS		Immune Serums
11/15/2024	<i>nystatin</i>	<i>nystatin</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/15/2024	<i>nystatin</i>	<i>nystatin</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/15/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/15/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/15/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/15/2024	<i>fludrocortisone acetate</i>	<i>fludrocortisone acetate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/15/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/15/2024	<i>sodium citrate-citric acid</i>	<i>citric acid/sodium citrate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/15/2024	<i>metoclopramide hcl</i>	<i>metoclopramide hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/15/2024	<i>fludrocortisone acetate</i>	<i>fludrocortisone acetate</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	FOCALIN XR	<i>dexmethylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/15/2024	ELIMITE	<i>permethrin</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/15/2024	NEXAVAR	<i>sorafenib tosylate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/15/2024	FOCALIN XR	<i>dexmethylphenidate hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/15/2024	FOCALIN XR	<i>dexmethylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/15/2024	FOCALIN XR	<i>dexmethylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
11/15/2024	FOCALIN XR	<i>dexmethylphenidate hcl</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/15/2024	FOCALIN XR	<i>dexmethylphenidate hcl</i>	ADD UM: DRUGCLASS		ADD Drugs
11/15/2024	NEXAVAR	<i>sorafenib tosylate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
11/15/2024	NEXAVAR	<i>sorafenib tosylate</i>	ADD UM: PANAME		PA Applies
11/15/2024	BRUSELIX	<i>vit c/rutin/hesperidin/bioflav/dio smin/arnica/bromelain/zinc</i>	ADD UM: COV		Non FDA Approved Drugs
11/15/2024	<i>silver nitrate</i>	<i>silver nitrate</i>	ADD UM: COV		Non FDA Approved Drugs
11/15/2024	<i>isoniazid</i>	<i>isoniazid</i>	CHANGE TIER	Non-Preferred Brands	Generics
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	EBGLYSS PEN	<i>lebrikizumab-lbkz</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	TECENTRIQ HYBREZA	<i>atezolizumab- hyaluronidase-tqjs</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	TRYVIO	<i>aprocitentan</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	AQNEURSA	<i>levacetylleucine</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	OCREVUS ZUNOVO	<i>ocrelizumab-hyaluronidase- ocsq</i>	ADD UM: SPECIALTY		Specialty Drug
11/15/2024	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: CS		Core Specialty
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: CS		Core Specialty
11/15/2024	EBGLYSS PEN	<i>lebrikizumab-lbkz</i>	ADD UM: CS		Core Specialty
11/15/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: CS		Core Specialty
11/15/2024	TEVIMBRA	<i>tislelizumab-jsgr</i>	ADD UM: CS		Core Specialty
11/15/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: CS		Core Specialty
11/15/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: CS		Core Specialty
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: CS		Core Specialty
11/15/2024	MIPLYFFA	<i>arimoclomol citrate</i>	ADD UM: CS		Core Specialty
11/15/2024	TRYVIO	<i>aprocitentan</i>	ADD UM: CS		Core Specialty
11/15/2024	OHTUVAYRE	<i>ensifentrine</i>	ADD UM: CS		Core Specialty
11/15/2024	BRONCHITOL	<i>mannitol</i>	ADD UM: CS		Core Specialty
11/15/2024	AUGTYRO	<i>repotrectinib</i>	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/15/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: PANAME		PA Applies
11/15/2024	AUGTYRO	<i>repotrectinib</i>	ADD TO FORMULARY		Non-Preferred Brands
11/15/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/15/2024	AUGTYRO	<i>repotrectinib</i>	ADD UM: PANAME		PA Applies
11/15/2024	EBGLYSS SYRINGE	<i>lebrikizumab-lbkz</i>	ADD UM: MAXQTYPERDAY		0.072 per day
11/15/2024	EBGLYSS SYRINGE	<i>lebrikizumab-lbkz</i>	ADD UM: PANAME		PA Applies
11/15/2024	<i>dabigatran etexilate</i>	<i>dabigatran etexilate mesylate</i>	CHANGE UM: MAXQTYPERDAY	2.0 per day	4.0 per day
11/18/2024	OCREVUS ZUNOVO	<i>ocrelizumab-hyaluronidase- ocsq</i>	ADD UM: QUANTITY		max 180 days / fill
11/18/2024	OCREVUS ZUNOVO	<i>ocrelizumab-hyaluronidase- ocsq</i>	ADD UM: SDS		Y
11/19/2024	HYMPAVZI PEN	<i>marstacimab-hncq</i>	ADD UM: DRUGCLASS		Blood/Blood Products
11/20/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
11/20/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
11/20/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
11/20/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
11/20/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
11/20/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug
11/20/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: SPECIALTY		Specialty Drug
11/20/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: SPECIALTY		Specialty Drug

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/20/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
11/20/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: SPECIALTY		Specialty Drug
11/20/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
11/20/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
11/20/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
11/20/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
11/20/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: CS		Core Specialty
11/20/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
11/20/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: CS		Core Specialty
11/20/2024	AZMIRO	<i>testosterone cypionate</i>	ADD UM: COV		Coverage Delay
11/22/2024	XARELTO	<i>rivaroxaban</i>	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
11/22/2024	XARELTO	<i>rivaroxaban</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/22/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>amoxicillin-clavulanate potass</i>	<i>amoxicillin/potassium clavulanate</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>ramipril</i>	<i>ramipril</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>isoniazid</i>	<i>isoniazid</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>ramipril</i>	<i>ramipril</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>isoniazid</i>	<i>isoniazid</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>flurbiprofen</i>	<i>flurbiprofen</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>ramipril</i>	<i>ramipril</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>lorazepam</i>	<i>lorazepam</i>	ADD TO FORMULARY		Preferred Generics
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: FI1		Rx90 List

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>metformin hcl</i>	<i>metformin hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>ramipril</i>	<i>ramipril</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/22/2024	<i>timolol</i>	<i>timolol</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>famotidine</i>	<i>famotidine</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>aminocaproic acid</i>	<i>aminocaproic acid</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>aminocaproic acid</i>	<i>aminocaproic acid</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>ivermectin</i>	<i>ivermectin</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>timolol</i>	<i>timolol</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>isoniazid</i>	<i>isoniazid</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>timolol</i>	<i>timolol</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>cabergoline</i>	<i>cabergoline</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD TO FORMULARY		Generics
11/22/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD TO FORMULARY		Generics
11/22/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>diltiazem 12hr er</i>	<i>diltiazem hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>dofetilide</i>	<i>dofetilide</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: MAXQTYPERDAY		80.0 per day
11/22/2024	<i>famotidine</i>	<i>famotidine</i>	ADD UM: PANAME		PA Required for those 12 and older

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>nitrofurantoin</i>	<i>nitrofurantoin</i>	ADD UM: PANAME		PA Required for those 12 and older
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: MAXQTYPERDAY		3.0 per day
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: PANAME		PA Applies
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: PANAME		PA Applies
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: PANAME		PA Applies
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/22/2024	<i>sunitinib malate</i>	<i>sunitinib malate</i>	ADD UM: PANAME		PA Applies
11/22/2024	<i>timolol</i>	<i>timolol</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>timolol</i>	<i>timolol</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>timolol</i>	<i>timolol</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>timolol</i>	<i>timolol</i>	ADD UM: B4		High Cost Brands and Generics
11/22/2024	<i>timolol</i>	<i>timolol</i>	ADD UM: B4		High Cost Brands and Generics
11/22/2024	<i>timolol</i>	<i>timolol</i>	ADD UM: B4		High Cost Brands and Generics
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: QPBU		HCRSMOKEB Tobacco Cessation
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
11/22/2024	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: QPBU		HCROCRX Contraceptives
11/22/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: DRUGCLASS		Contraceptives
11/22/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: FI1		Rx90 List
11/22/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: CUSTOM		[ACA] Quantity Limits May Apply
11/22/2024	VESTURA	<i>ethinyl estradiol/drospirenone</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>safetyglide tb syringe</i>	<i>syringe with needle, disposable, 1 ml</i>	ADD TO FORMULARY		Preferred Brands
11/22/2024	CIPRO HC	<i>ciprofloxacin hcl/hydrocortisone</i>	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>methotrexate</i>	<i>methotrexate sodium</i>	ADD TO FORMULARY		Non-Preferred Brands
11/22/2024	CIPRO HC	<i>ciprofloxacin hcl/hydrocortisone</i>	ADD UM: B4		High Cost Brands and Generics
11/22/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>micafungin-0.9% nacl</i>	<i>micafungin sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>sodium chloride</i>	<i>sodium chloride 0.9 % (flush)</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>bumetanide</i>	<i>bumetanide</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>sodium chloride-water</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>verapamil hcl</i>	<i>verapamil hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>sodium chloride</i>	<i>sodium chloride 0.45 %</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>miconazole-0.9% nacl</i>	<i>miconazole sodium in 0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>ketorolac tromethamine</i>	<i>ketorolac tromethamine</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>levetiracetam-nacl</i>	<i>levetiracetam in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>vasopressin</i>	<i>vasopressin</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>doxorubicin hcl</i>	<i>doxorubicin hcl</i>	ADD UM: COV		Bucket 2 General Exclusions
11/22/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/22/2024	LYRICA	<i>pregabalin</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/22/2024	LYRICA	<i>pregabalin</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
11/22/2024	LYRICA	<i>pregabalin</i>	ADD UM: MAXQTYPERDAY		3.0 per day
11/22/2024	LYRICA	<i>pregabalin</i>	ADD UM: MAXQTYPERDAY		3.0 per day

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>propranolol hcl</i>	<i>propranolol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
11/22/2024	NORVASC	<i>amlodipine besylate</i>	ADD UM: FI1		Rx90 List
11/22/2024	<i>aa 2.5%-d10w-calcium-heparin</i>	<i>amino acid 2.5 % no.2 ped/dextrose 10 %/calcium gluc/heparin</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>gabapentin</i>	<i>gabapentin</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>aa 3%-d10w-low calcium-heparin</i>	<i>amino acid 3 % no.2 pedi/dextrose 10 %/calcium gluc/heparin</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>morphine sulfate</i>	<i>morphine sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>progesterone micronized</i>	<i>progesterone, micronized</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	DICLOGEN	<i>diclofenac sodium/menthol/camphor</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>aa 2.5%-d10w-calcium-heparin</i>	<i>amino acid 2.5 % no.2 ped/dextrose 10 %/calcium gluc/heparin</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>phentolamine mesylate</i>	<i>phentolamine mesylate</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	<i>phentolamine mesylate</i>	<i>phentolamine mesylate</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>phentolamine mesylate</i>	<i>phentolamine mesylate</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	FINAZOL	<i>multivitamin with min no.109/ferrous fumarate/levomefolate</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>phentolamine mesylate</i>	<i>phentolamine mesylate</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>phentolamine mesylate</i>	<i>phentolamine mesylate</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>phentolamine mesylate</i>	<i>phentolamine mesylate</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	LIXOFEN	<i>diclofenac sodium/kinesiology tape</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>aa 3%-d10w-low calcium-heparin</i>	<i>amino acid 3 % no.2 pedi/dextrose 10 %/calcium gluc/heparin</i>	ADD UM: COV		Non FDA Approved Drugs
11/22/2024	<i>omnipod 5 dexg7g6 pods (gen 5)</i>	<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/22/2024	<i>omnipod 5 dexg7g6 pods (gen 5)</i>	<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>	ADD UM: PANAME		PA Applies
11/22/2024	<i>omnipod 5 dexg7g6 pods (gen 5)</i>	<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/22/2024	<i>tadalafil</i>	<i>tadalafil</i>	ADD UM: MAXQTYPERDAY		1.0 per day

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

Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/22/2024	AZMIRO	<i>testosterone cypionate</i>	ADD UM: MAXQTYPERDAY		0.143 per day
11/22/2024	AZMIRO	<i>testosterone cypionate</i>	ADD UM: PANAME		PA Applies
11/22/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: MAXQTYPERDAY		35.72 per day
11/22/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: PANAME		PA Applies
11/22/2024	<i>hydrocodone- acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD UM: MAXQTYPERDAY		8.0 per day
11/25/2024	WEGOVY	<i>semaglutide</i>	CHANGE UM: MAXQTYPERDAY	0.429 per day	0.108 per day
11/25/2024	WEGOVY	<i>semaglutide</i>	CHANGE UM: MAXQTYPERDAY	0.429 per day	0.108 per day
11/26/2024	REVUFORJ	<i>revumenib citrate</i>	ADD UM: COV		Coverage Delay
11/26/2024	NYPOZI	<i>filgrastim-txid</i>	ADD UM: COV		Coverage Delay
11/26/2024	NYPOZI	<i>filgrastim-txid</i>	ADD UM: COV		Coverage Delay
11/26/2024	OPIPZA	<i>aripiprazole</i>	ADD UM: COV		Coverage Delay
11/26/2024	REVUFORJ	<i>revumenib citrate</i>	ADD UM: COV		Coverage Delay
11/26/2024	OPIPZA	<i>aripiprazole</i>	ADD UM: COV		Coverage Delay
11/26/2024	NYPOZI	<i>filgrastim-txid</i>	ADD UM: COV		Coverage Delay
11/26/2024	OPIPZA	<i>aripiprazole</i>	ADD UM: COV		Coverage Delay
11/26/2024	EMROSI	<i>minocycline hcl</i>	ADD UM: COV		Coverage Delay
11/26/2024	NYPOZI	<i>filgrastim-txid</i>	ADD UM: COV		Coverage Delay
11/27/2024	<i>celecoxib</i>	<i>celecoxib</i>	ADD TO FORMULARY		Preferred Generics
11/27/2024	<i>hydrocodone- acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD TO FORMULARY		Preferred Generics
11/27/2024	<i>hydrocodone- acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD TO FORMULARY		Preferred Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/27/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD TO FORMULARY		Preferred Generics
11/27/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD UM: MAXQTYPERDAY		8.0 per day
11/27/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD UM: MAXQTYPERDAY		6.0 per day
11/27/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD UM: MAXQTYPERDAY		6.0 per day
11/27/2024	<i>colestipol hcl</i>	<i>colestipol hcl</i>	ADD TO FORMULARY		Generics
11/27/2024	<i>colestipol hcl</i>	<i>colestipol hcl</i>	ADD UM: FI1		Rx90 List
11/27/2024	<i>colestipol hcl</i>	<i>colestipol hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION
11/27/2024	<i>omnipod 5 dexg7g6 pods (gen 5)</i>	<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>	ADD TO FORMULARY		Preferred Brands
11/27/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD TO FORMULARY		Preferred Brands
11/27/2024	NINLARO	<i>ixazomib citrate</i>	ADD TO FORMULARY		Preferred Brands
11/27/2024	NINLARO	<i>ixazomib citrate</i>	ADD UM: MAXQTYPERDAY		0.108 per day
11/27/2024	NINLARO	<i>ixazomib citrate</i>	ADD UM: PANAME		PA Applies
11/27/2024	NINLARO	<i>ixazomib citrate</i>	ADD UM: SPECIALTY		Specialty Drug
11/27/2024	NINLARO	<i>ixazomib citrate</i>	ADD UM: CS		Core Specialty
11/27/2024	<i>hydrocodone-acetaminophen</i>	<i>hydrocodone bitartrate/acetaminophen</i>	ADD UM: MAXQTYPERDAY		8.0 per day
11/27/2024	<i>pcca multi-peptide serum base</i>	<i>liquid base no.269</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/27/2024	OPIPZA	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		1.0 per day
11/27/2024	OPIPZA	<i>aripiprazole</i>	ADD UM: STEP		ST applies
11/27/2024	OPIPZA	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		3.0 per day
11/27/2024	OPIPZA	<i>aripiprazole</i>	ADD UM: STEP		ST applies
11/27/2024	OPIPZA	<i>aripiprazole</i>	ADD UM: MAXQTYPERDAY		3.0 per day
11/27/2024	OPIPZA	<i>aripiprazole</i>	ADD UM: STEP		ST applies
11/27/2024	REVUFORJ	<i>revumenib citrate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
11/27/2024	REVUFORJ	<i>revumenib citrate</i>	ADD UM: PANAME		PA Applies
11/27/2024	REVUFORJ	<i>revumenib citrate</i>	ADD UM: MAXQTYPERDAY		2.0 per day
11/27/2024	REVUFORJ	<i>revumenib citrate</i>	ADD UM: PANAME		PA Applies
11/27/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD UM: MAXQTYPERDAY		5.0 per day

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Alliant Net Results Formulary 2024 Updates

December, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2024	OJEMDA	<i>tovorafenib</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	SPEVIGO	<i>spesolimab-sbzo</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	OJEMDA	<i>tovorafenib</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	SPEVIGO	<i>spesolimab-sbzo</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	OJEMDA	<i>tovorafenib</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	OJEMDA	<i>tovorafenib</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	OJEMDA	<i>tovorafenib</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	OJEMDA	<i>tovorafenib</i>	ADD TO FORMULARY		Non-Preferred Brands
12/01/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2024	OJEMDA	<i>tovorafenib</i>	ADD TO FORMULARY		Non-Preferred Brands
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD TO FORMULARY		Non-Preferred Brands
12/01/2024	OJEMDA	<i>tovorafenib</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2024	OJEMDA	<i>tovorafenib</i>	ADD TO FORMULARY		Non-Preferred Brands
12/01/2024	OJEMDA	<i>tovorafenib</i>	ADD TO FORMULARY		Non-Preferred Brands
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD TO FORMULARY		Non-Preferred Brands
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD TO FORMULARY		Non-Preferred Brands
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE UM: COV	Coverage Delay	
12/01/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD UM: PANAME		PA Applies
12/01/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD UM: PANAME		PA Applies
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2024	WINREVAIR	<i>sotatercept-csrk</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
12/01/2024	SPEVIGO	<i>spesolimab-sbzo</i>	ADD UM: MAXQTYPERDAY		0.072 per day
12/01/2024	FLUORIMAX 5000 SENSITIVE	<i>sodium fluoride/potassium nitrate</i>	REMOVE UM: F11	Rx90 List	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2024	OJEMDA	<i>tovorafenib</i>	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2024	OJEMDA	<i>tovorafenib</i>	ADD UM: COV		Non FDA Approved Drugs
12/01/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: CS		Core Specialty
12/01/2024	YORVIPATH	<i>palopegteriparatide</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	HEMOFIL M	<i>antihemophilic factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	HYCAMTIN	<i>topotecan hcl</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	HEMOFIL M	<i>antihemophilic factor, human</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	<i>water</i>	<i>water for injection, sterile</i>	ADD UM: SPECIALTY		Specialty Drug
12/04/2024	HEMOFIL M	<i>antihemophilic factor, human</i>	ADD UM: CS		Core Specialty
12/04/2024	HYCAMTIN	<i>topotecan hcl</i>	ADD UM: CS		Core Specialty
12/04/2024	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: CS		Core Specialty
12/04/2024	<i>sildenafil citrate</i>	<i>sildenafil citrate</i>	ADD UM: CS		Core Specialty
12/04/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/04/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty
12/04/2024	HEMOFIL M	<i>antihemophilic factor, human</i>	ADD UM: CS		Core Specialty
12/04/2024	ATTRUBY	<i>acoramidis hcl</i>	ADD UM: COV		Coverage Delay
12/04/2024	DANZITEN	<i>nilotinib tartrate</i>	ADD UM: COV		Coverage Delay
12/04/2024	BORUZU	<i>bortezomib</i>	ADD UM: COV		Coverage Delay
12/04/2024	DANZITEN	<i>nilotinib tartrate</i>	ADD UM: COV		Coverage Delay
12/05/2024	ATTRUBY	<i>acoramidis hcl</i>	ADD UM: MAXQTYPERDAY		4.0 per day
12/05/2024	ATTRUBY	<i>acoramidis hcl</i>	ADD UM: PANAME		PA Applies
12/05/2024	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: MAXQTYPERDAY		0.072 per day
12/05/2024	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: PANAME		PA Applies
12/05/2024	DANZITEN	<i>nilotinib tartrate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
12/05/2024	DANZITEN	<i>nilotinib tartrate</i>	ADD UM: PANAME		PA Applies
12/05/2024	DANZITEN	<i>nilotinib tartrate</i>	ADD UM: MAXQTYPERDAY		4.0 per day
12/05/2024	DANZITEN	<i>nilotinib tartrate</i>	ADD UM: PANAME		PA Applies
12/06/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD TO FORMULARY		Preferred Generics
12/06/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: FI1		Rx90 List
12/06/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/06/2024	<i>ranolazine er</i>	<i>ranolazine</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD TO FORMULARY		Generics

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/06/2024	<i>phenoxybenzamine hcl</i>	<i>phenoxybenzamine hcl</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>ranolazine er</i>	<i>ranolazine</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>mefloquine hcl</i>	<i>mefloquine hcl</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	ADD TO FORMULARY		Generics
12/06/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
12/06/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
12/06/2024	<i>carbamazepine er</i>	<i>carbamazepine</i>	ADD UM: NTI		NARROW THERAPEUTIC INDICATOR
12/06/2024	<i>clomiphene citrate</i>	<i>clomiphene citrate</i>	ADD UM: DRUGCLASS		Infertility
12/06/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/06/2024	<i>nitroglycerin</i>	<i>nitroglycerin</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/06/2024	<i>phenoxybenzamine hcl</i>	<i>phenoxybenzamine hcl</i>	ADD UM: PR		PREVENTIVE MEDICATION

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/06/2024	<i>ranolazine er</i>	<i>ranolazine</i>	ADD UM: FI1		Rx90 List
12/06/2024	<i>ranolazine er</i>	<i>ranolazine</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/06/2024	<i>ranolazine er</i>	<i>ranolazine</i>	ADD UM: FI1		Rx90 List
12/06/2024	<i>ranolazine er</i>	<i>ranolazine</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/06/2024	HYCAMTIN	<i>topotecan hcl</i>	ADD TO FORMULARY		Preferred Brands
12/06/2024	HYCAMTIN	<i>topotecan hcl</i>	ADD UM: PANAME		PA Applies
12/06/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD TO FORMULARY		Non-Preferred Brands
12/06/2024	<i>clemastine fumarate</i>	<i>clemastine fumarate</i>	ADD TO FORMULARY		Non-Preferred Brands
12/06/2024	<i>clemastine fumarate</i>	<i>clemastine fumarate</i>	ADD TO FORMULARY		Non-Preferred Brands
12/06/2024	<i>clemastine fumarate</i>	<i>clemastine fumarate</i>	ADD UM: B4		High Cost Brands and Generics
12/06/2024	XIIDRA	<i>lifitegrast</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
12/06/2024	XIIDRA	<i>lifitegrast</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
12/06/2024	SIMLANDI(CF)	<i>adalimumab-ryvk</i>	ADD UM: COV		Bucket 1 Non Covered Drugs
12/06/2024	XIIDRA	<i>lifitegrast</i>	ADD UM: FI1		Rx90 List
12/06/2024	XIIDRA	<i>lifitegrast</i>	ADD UM: FI1		Rx90 List
12/06/2024	<i>propofol</i>	<i>propofol</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>droperidol</i>	<i>droperidol</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/06/2024	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	ZIIHERA	<i>zanidatamab-hrii</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>nicardipine hcl-0.9% nacl</i>	<i>nicardipine in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>propofol</i>	<i>propofol</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>droperidol</i>	<i>droperidol</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>droperidol</i>	<i>droperidol</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>atropine sulfate</i>	<i>atropine sulfate</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>nicardipine hcl-0.9% nacl</i>	<i>nicardipine in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>nicardipine hcl-0.9% nacl</i>	<i>nicardipine in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>droperidol</i>	<i>droperidol</i>	ADD UM: COV		Bucket 2 General Exclusions

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/06/2024	DIPRIVAN	<i>propofol</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>nicardipine hcl-0.9% nacl</i>	<i>nicardipine in sodium chloride, iso-osmotic</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	AUCATZYL	<i>obecabtagene autoleucel</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	ZIIHERA	<i>zanidatamab-hrii</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>sodium chloride</i>	<i>0.9 % sodium chloride</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>daptomycin</i>	<i>daptomycin</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>cyclophosphamid e</i>	<i>cyclophosphamide</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>furosemide</i>	<i>furosemide</i>	ADD UM: COV		Bucket 2 General Exclusions
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: MAXQTYPERDAY		35.72 per day
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: PANAME		PA Applies
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: SPECIALTY		Specialty Drug
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: CS		Core Specialty
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: MAXQTYPERDAY		71.429 per day
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: PANAME		PA Applies

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: MAXQTYPERDAY		71.429 per day
12/06/2024	<i>edaravone</i>	<i>edaravone</i>	ADD UM: PANAME		PA Applies
12/06/2024	LYRICA	<i>pregabalin</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
12/06/2024	LYRICA	<i>pregabalin</i>	ADD UM: COV		Bucket 2 Institutional and Hospital Pack
12/06/2024	LYRICA	<i>pregabalin</i>	ADD UM: MAXQTYPERDAY		3.0 per day
12/06/2024	LYRICA	<i>pregabalin</i>	ADD UM: MAXQTYPERDAY		3.0 per day
12/06/2024	ZOLOFT	<i>sertraline hcl</i>	ADD UM: MAXQTYPERDAY		10.0 per day
12/06/2024	ZOLOFT	<i>sertraline hcl</i>	ADD UM: COV		Bucket 2 MSC O Non Covered Drugs
12/06/2024	ZOLOFT	<i>sertraline hcl</i>	ADD UM: FI1		Rx90 List
12/06/2024	ZOLOFT	<i>sertraline hcl</i>	ADD UM: STEP		ST applies
12/06/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
12/06/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
12/06/2024	<i>selenious acid</i>	<i>selenium</i>	ADD UM: COV		Non FDA Approved Drugs
12/06/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD UM: COV		Non FDA Approved Drugs
12/06/2024	<i>selenious acid</i>	<i>selenium</i>	ADD UM: COV		Non FDA Approved Drugs

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/06/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
12/06/2024	<i>water</i>	<i>water for injection,sterile</i>	CHANGE UM: COV	Bucket 2 General Exclusions	Non FDA Approved Drugs
12/06/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: COV		Non FDA Approved Drugs
12/06/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/06/2024	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/06/2024	CLOMID	<i>clomiphene citrate</i>	CHANGE TIER	Preferred Brands	Generics
12/06/2024	CLOMID	<i>clomiphene citrate</i>	CHANGE TIER	Preferred Brands	Generics
12/06/2024	<i>ciprofloxacin hcl</i>	<i>ciprofloxacin hcl</i>	CHANGE TIER	Non-Preferred Brands	Generics
12/06/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: FI1		Rx90 List
12/06/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/06/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: FI1		Rx90 List
12/06/2024	<i>telmisartan</i>	<i>telmisartan</i>	ADD UM: PR		PREVENTIVE MEDICATION
12/06/2024	<i>tramadol hcl</i>	<i>tramadol hcl</i>	ADD UM: B4		High Cost Brands and Generics
12/06/2024	<i>clemastine fumarate</i>	<i>clemastine fumarate</i>	ADD UM: B4		High Cost Brands and Generics
12/10/2024	TREMFYA PEN	<i>guselkumab</i>	REMOVE UM: COV	Coverage Delay	
12/10/2024	TREMFYA PEN	<i>guselkumab</i>	REMOVE UM: COV	Coverage Delay	
12/10/2024	TREMFYA	<i>guselkumab</i>	REMOVE UM: COV	Coverage Delay	
12/10/2024	TREMFYA	<i>guselkumab</i>	REMOVE UM: COV	Coverage Delay	

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/10/2024	TREMFYA	<i>guselkumab</i>	ADD TO FORMULARY		Preferred Brands
12/10/2024	TREMFYA PEN	<i>guselkumab</i>	ADD TO FORMULARY		Preferred Brands
12/10/2024	TREMFYA PEN	<i>guselkumab</i>	ADD TO FORMULARY		Preferred Brands
12/10/2024	TREMFYA	<i>guselkumab</i>	ADD TO FORMULARY		Preferred Brands
12/10/2024	<i>adalimumab-adaz(cf)</i>	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>adalimumab-adaz(cf)</i>	<i>adalimumab-adaz</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>fluorouracil</i>	<i>fluorouracil</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>bortezomib</i>	<i>bortezomib</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: SPECIALTY		Specialty Drug
12/10/2024	<i>adalimumab-adaz(cf)</i>	<i>adalimumab-adaz</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	ADD UM: CS		Core Specialty

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Alliant Net Results Formulary 2024 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/10/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>adalimumab-adaz(cf)</i>	<i>adalimumab-adaz</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>bicalutamide</i>	<i>bicalutamide</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>eribulin mesylate</i>	<i>eribulin mesylate</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>fulvestrant</i>	<i>fulvestrant</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>bortezomib</i>	<i>bortezomib</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>doxorubicin hcl liposome</i>	<i>doxorubicin hcl pegylated liposomal</i>	ADD UM: CS		Core Specialty
12/10/2024	<i>pemetrexed disodium</i>	<i>pemetrexed disodium</i>	ADD UM: CS		Core Specialty
12/11/2024	<i>adalimumab-adaz(cf)</i>	<i>adalimumab-adaz</i>	ADD UM: COV		Coverage Delay
12/11/2024	<i>adalimumab-adaz(cf)</i>	<i>adalimumab-adaz</i>	ADD UM: COV		Coverage Delay

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